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ABSTRACT

This document presents prepared statements and witness testimonies from the first in a series of Congressional hearings regarding the reauthorization of the Drug Free Schools and Communities Act of 1986. The testimonies examine the progress made toward achieving the sixth of the national education goals which states, "By the year 2000 every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning." Opening statements were made by Representatives Owens, Barrett, Scott, Fawell, and Sawyer. continues to make general progress in its war against drugs, it still has a higher rate of illicit drug use than any other industrialized nation. Witnesses providing testimonies include: (1) Madeline Kunin, deputy secretary, U.S. Department of Education; (2) Eleanor Chelimsky, assistant comptroller general, Program Evaluation and Methodology, General Accounting Office; (3) Lloyd Johnston, program director of Survey Research Center, Institute for Social Research, University of Michigan; (4) Ronald Stephens, executive director, National School Safety Center, West Lake Village, California; (5) Henry Wood, chairman, National Drug Free Schools and Communities Steering Committee, Wilmington, Delaware; (6) Stephen Danish, professor and chair of the Psychology Department, director of Life Skills Center, Virginia Commonwealth University; and (7) William London, associate professor of Health Education, Kent State University, Kent, Ohio. (NB)

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HEARING ON THE REAUTHORIZATION OF THE DRUG FREE SCHOOLS AND COMMUNITIES ACT

ED 362 827

HEARING

BEFORE THE

SUBCOMMITTEE ON SELECT EDUCATION
AND CIVIL RIGHTS

OF THE

COMMITTEE ON EDUCATION AND LABOR
HOUSE OF REPRESENTATIVES

ONE HUNDRED THIRD CONGRESS

FIRST SESSION

HEARING HELD IN WASHINGTON, DC, MARCH 31, 1993

Serial No. 103-22

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HEARING ON THE REAUTHORIZATION OF THE DRUG FREE SCHOOLS AND COMMUNITIES ACT

WEDNESDAY, MARCH 31, 1993

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON SELECT EDUCATION AND CIVIL RIGHTS,
COMMITTEE ON EDUCATION AND LABOR,
Washington, DC.

The subcommittee met, pursuant to notice, at 10 a.m., Room 2261, Longworth House Office Building, Hon. Major R. Owens, Chairman, presiding.

Members present: Representatives Owens, Scott, Sawyer, Payne, Ballenger, Barrett, and Fawell.

Staff present: Maria Cuprill; Wanser Green; Sylvia Hacaj; Laurence Peters; and Kathleen Gillespie.

Chairman OWENS. The hearing of the Subcommittee on Select Education and Civil Rights is now in session. This is the first in a series of hearings regarding the reauthorization of the Drug Free Schools and Communities Act of 1986.

During this hearing we will examine the progress made toward achieving the sixth of the national education goals which states, "By the year 2000 every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning."

As we will hear from Dr. Lloyd Johnston, who heads the University of Michigan national study of youth illicit drug abuse trends, the Nation continues to make general progress in its war against drugs.

However, there is no reason to celebrate. We have a higher rate of illicit drug use than any other industrialized nation. Some 15 percent of eighth graders have tried marijuana, while 5 percent have tried crack; more than half of the 1989 seniors reported illicit drug use at some time during their lives. Far too many of our youth have turned to drugs and the drug trade as a way of life.

Three-fourths of all robberies and half of all felony assaults are committed by young people involved in drugs. The violence on the streets has seeped into our schools. Every schoolday thousands of students skip classes because they fear physical harm and hundreds of teachers are physically attacked.

Nationwide, between September 1986 and June 1990 at least 75 people were killed by guns brought into the schools and over 200 were severely wounded. In communities where the culture of drugs and violence has taken hold, schools can not rely solely on metal

detectors and security guards to protect their students and teachers.

In order for these communities to move forward, there must be a change in attitude, one that makes the school part of a comprehensive effort to insure that community values triumph over those of the drug dealer. We must involve everyone in this effort: parents, teachers, law enforcement, business, as well as youth organizations.

In its September 1990 report, *Toward a Drug Free Generation: A Nation's Responsibility*, one of the most important recommendations made by the National Commission on Drug Free Schools was the need to keep school buildings open beyond regular school hours for use by students, families, and the community.

Although many imaginative programs exist, the national willingness to develop a comprehensive approach to evaluate and replicate exemplary programs is lacking. The Drug Free Schools program can be a vital catalyst in this effort, serving both as a focus for new ideas and as an opportunity to go beyond the rhetoric of school reform in providing long needed assistance for some of our worst affected schools.

[The prepared statement of Hon. Major R. Owens follows:]

STATEMENT OF HON. MAJOR R. OWENS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

This is the first in a series of hearings regarding the reauthorization of the "Drug Free Schools and Communities Act of 1986." During this hearing, we will examine the progress made toward achieving the sixth of the national education goals which states: "By the year 2000, every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning."

As we will hear from Dr. Lloyd Johnston who heads the University of Michigan national study of youth illicit drug abuse trends, the Nation continues to make general progress in its war against drugs. However, there is no reason to celebrate. We have a higher rate of illicit drug use than any other industrialized nation. Some 15 percent of eighth graders have tried marijuana, while 5 percent have tried crack; more than half of the 1989 seniors reported illicit drug use at some time during their lives. Far too many of our youth have turned to drugs and the drug trade as a way of life. Three-fourths of all robberies and half of all felony assaults are committed by young people involved in drugs. The violence of the streets has seeped into our schools. Every schoolday, thousands of students skip classes because they fear physical harm, and hundreds of teachers are physically attacked. Nationwide, between September 1986 and June 1990, at least 75 people were killed by guns brought into the schools and over 200 were severely wounded.

In communities where the culture of drugs and violence has taken hold, schools cannot rely solely on metal detectors and security guards to protect their students and teachers. In order for these communities to move forward, there must be a change in attitude, one that makes the school part of a comprehensive effort to ensure that community values triumph over those of the drug dealer. We must involve everyone in this effort: parents, teachers, law enforcement, businesses, as well as youth organizations. In its September 1990 report, *Towards a Drug Free Generation: A Nation's Responsibility*, one of the most important recommendations made by the National Commission on Drug Free Schools was the need to keep school buildings open beyond regular school hours for use by students, families, and the community.

Although many imaginative programs exist, the national willingness to develop a comprehensive approach to evaluate and replicate exemplary programs is lacking. The Drug Free Schools program can be a vital catalyst in this effort, serving both as a focus for new ideas and as an opportunity to go beyond the rhetoric of school reform in providing long needed assistance for some of our worst affected schools.

Chairman OWENS. I yield for opening statements.

Mr. BARRETT. Thank you, Mr. Chairman. I certainly welcome our witnesses this morning to this subcommittee. Unlike the atmos-

phere and testimony yesterday of your counterpart at the Department of Labor, Secretary Reich, this represents—the subcommittee will probably or hopefully be a little less partisan. We all have a common goal here today.

The subject matter should not be a political football and I don't think it will be because we should all be united in our approach to ending the scourge of drugs in our schools and in our communities.

Mr. Chairman, I think this committee does have a very important task in taking a very careful look at the Drug Free Schools Act to see if our investment of concern and money is working, and to see if we can make it work better. I don't think we should force ourselves into thinking that by merely increasing funding for this Act that we will automatically lower drug and alcohol abuse.

After all, we have been making some very significant investments, but some of the studies of late show that the drug use is on the rise again.

I have no doubt that without the Drug Free Schools programs we would probably see an escalation of drug and alcohol abuse and drug-related violence as well.

So what we are left with is looking at what we are doing with these programs. If there is some way of helping the local leaders address these problems better—after all, it is going to be the local drug prevention advocates that will really make the difference in curbing drug abuse and use—and not Congress.

Many of the school officials and community leaders in my district have told me of their frustration in dealing with the complex paperwork requirements of the Act, and because of these barriers, they have not undertaken efforts in curbing drug abuse. And for other schools that I am in contact with, this has forced them into a consortia so that they can pool their resources.

For example, Chadron, Nebraska, public schools has six schools in its consortia, one school receiving just $126. Another consortia exists in Valentine, Nebraska, where an educational service unit has a membership of 56 schools, 41 of them receiving less than $100.

Our governor's office has helped train 345 local educator teams called the Drug Free Nebraska School Community Team Training Project that are helping small rural schools create and implement an effective drug prevention program.

Mr. Chairman, I hope that at some future date we will have an opportunity to look at what some of the other rural schools out in the Nebraska, Wyoming, South Dakota, area are doing to address some of these devastating problems. You and I have talked about the possibility of a field hearing and I greatly appreciate you and your staff's openness in considering that request.

So I think the evidence is out there that local advocates, be they urban or rural, are more than capable of developing and implementing quality drug and alcohol prevention programs and I look forward to reviewing the administration's ideas for improving the Drug Free Schools Act.

After all, keeping our kids from using drugs and alcohol is too important for us to get into some partisan or political football game that ends up helping no one.

Thank you, Mr. Chairman.

Chairman OWENS. Thank you. We certainly appreciate the remarks of Mr. Barrett, the gentleman from Nebraska. I almost called you Mr. Ballenger because I hadn't really looked to my left.

We look forward to holding a hearing in Nebraska. The only problem is budget constraints and we think we can overcome those. We think it would add a great deal if we had the viewpoint of a rural area on this subject.

Mr. Scott.

Mr. SCOTT. Thank you, Mr. Chairman, and I'm very pleased that we have come together today to hear from experts on the future of the Drug Free Schools Act.

Ever since the passage of the Act, I have been a strong supporter, particularly because we know how interconnected drug use is with adolescent pregnancy and dropping out of school, criminal activity, and other precursors to failure. What we need to know is what negative occurrence triggers other negative occurrences so that we can best target our money.

There are two particular issues that I would like to look into as we re-fund this program. One is whether or not we should be thinking about noncategorical funding instead of segregating our funds by problem area: adolescent pregnancy prevention funds from one area, drug prevention funds from another, juvenile delinquency prevention funds from even another source.

And it is my experience that in many, if not most, of the cases we are talking about, the same child is at risk for a multitude of negative outcomes and if we don't intervene to assist in one problem, we will end up getting another one.

It is also my belief that we have to have a critical eye on our decision to reauthorize the Drug Free Schools Act in view of requirements for evaluation. How are we measuring success and how are we disseminating information about those programs that are successful?

We have many distinguished speakers today including a governor who is now with the Department of Education. I am particularly anxious to hear the testimony of one of my constituents, Dr. Steve Danish from Virginia Commonwealth University in Richmond. Dr. Danish has a long history of developing, implementing, and evaluating prevention initiatives and I know that his insight will be of value to this body.

Mr. Chairman, I regret that I have two committees going on at the same time and will be leaving very shortly, but I am looking forward to the testimony while I am here. Thank you.

Chairman OWENS. Thank you. Mr. Fawell.

Mr. FAWELL. Thank you, Mr. Chairman. I have a prepared statement I would like to have entered into the record. I am new on this subcommittee. I am looking forward to learning more about this particular Act. I appreciate your having called the hearing.

Chairman OWENS. Thank you. Without objection, the statement will be entered into the record.

[The prepared statement of Hon. Harris W. Fawell follows:]

STATEMENT OF HON. HARRIS W. FAWELL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS

I would like to thank the Chairman for scheduling this important hearing on the Drug Free Schools and Communities Act. As we all know, one of the National Education Goals agreed to by President Bush and the governors is that, "Every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning."

In some respects, we appear to be making large strides to achieving this goal. While any level of illicit drug use is unacceptable, I am encouraged by reports that the use of cocaine, marijuana, and other illegal drugs has declined over the last decade. In fact, a recent High School Senior Survey reported that illegal drug use had dropped to its lowest level since 1975. In 1990, for the first time in 15 years, there is a drug free majority in our high schools. Unfortunately, however, the use of alcohol and tobacco remain at a high level and some report that the use of illicit drugs has recently gone up.

This year, this subcommittee is scheduled to reauthorize the Drug Free Schools and Communities Act. Because of the widespread support for its stated goal, this program has enjoyed generous funding levels ever since its initial authorization in 1986. While we all support a Federal role in the efforts to end the scourge of drugs in our schools, studies of this program's impact have proved inconclusive. Given our Nation's limited budgetary resources, I believe that we need to thoroughly review this program and determine whether it is the most efficient means of combating this terrible problem. With this in mind, I look forward to hearing the analysis and recommendations of all our witnesses including the esteemed new Secretary of Education, Richard Riley. Thank you all for taking the time to come and share your thoughts on this important issue.

Chairman OWENS. Mr. Sawyer.

Mr. SAWYER. Thank you, Mr. Chairman. I have a similar statement that in the interest of time I would appreciate if you would enter into the record.

In addition, let me just comment that I just came from a subcommittee hearing downstairs chaired by Mr. Kildee in which we were talking about many of the same kinds of problems in a far broader way. The Link-up for Learning and other coordinated activities of schools that deal with a broad range of problem areas is important. I don't think there is an arena in which the potential damage is greater among student populations than the one that we're discussing here today.

The opportunity, as Mr. Scott mentioned, to bring coordination and collaboration across jurisdictional lines and, perhaps even more importantly, across interdisciplinary lines to focus the full breadth of the resources that we have as a government and as communities on this problem is perhaps among the most important work that we will do this year, and I am grateful for the opportunity to be part of it.

[The prepared statement of Hon. Thomas C. Sawyer follows:]

STATEMENT OF HON. THOMAS C. SAWYER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

As we enter an era of profound technological and demographic change, we have to make sure that Americans have access to sound educational opportunities. In that context, the Education and Labor Committee is looking at how we can improve what our schools provide, and how they provide it. I am confident that we can design and implement innovative standards for curriculum and delivery systems.

But too many students will never realize the benefits of this change simply because their schools, and they themselves, cannot escape the problems caused by drug and alcohol abuse. It's hard to focus on learning when drugs are a real part of every schoolday.

The purpose of the Drug Free Schools and Communities Act is to help students, teachers and community leaders deal with these problems. Its scope is broad, re-

flecting local, State and national efforts. Its intent is nothing less than to change attitudes fundamentally—to bring down the destructive culture of drug use and abuse.

Unfortunately, it's hard to measure the success of this effort. This hearing is part of a continuing effort to gauge the effectiveness of the Act, and to make prudent changes in its purpose and structure. I look forward to hearing the experiences and suggestions of our guests here today.

Chairman OWENS. Thank you. For our first witness we are pleased to welcome to Washington, to the Department of Education, and certainly to this hearing, the Honorable Madeleine Kunin, Deputy Secretary, U.S. Department of Education.

Madame Secretary, we welcome you and look forward to working with you. I am sure I speak for all members of the subcommittee when I say that.

You may begin.

STATEMENT OF HON. MADELINE KUNIN, DEPUTY SECRETARY, U.S. DEPARTMENT OF EDUCATION, WASHINGTON, DC

Ms. KUNIN. Thank you very much, Mr. Chairman. I very much look forward to working with you and members of the subcommittee, as well as the full committee, and I think it is in a way appropriate that this is my first official testimony as deputy secretary and that it is on a subject of such great importance to our children and to the American people. I thank you for giving me, and the Department, the opportunity to testify before you about reauthorization of the Drug Free Schools and Communities Act.

Let me assure you from the outset that both President Clinton and Secretary Riley strongly share your concern about the present situation which is highly disturbing and fully share your commitment to creating change so that we have a healthy and safe environment for our children and that they can learn without living under fear.

Before going into the reauthorization, let me also convey to you the sense of optimism and excitement which I am sure you have gleaned from Secretary Riley when he has appeared before you that is uplifting the Department and the entire administration.

We are determined within the Department to move forward with a new sense of leadership and determination and collegiality to really grapple with some of the major problems in education so that we can fulfill the mission that we all would share, and that is that we must create both equal access and equal opportunity for all the children of America when it comes to obtaining an excellent education.

That is a goal that we can articulate. We all understand it, but it is not easy to achieve. But this legislation, I believe, is an important beginning.

In addition to beginning this consultation process, we have already begun actively soliciting the views of other organizations and individuals as we develop a proposal for the Drug Free Schools and Communities Act. In time it will be part of the larger Elementary and Secondary Education Act reauthorizations.

Now many decisions about the shape and the scope and the details of this reauthorization have not been finalized, but our goal is to submit that comprehensive proposal to you by mid-May. Today I

would like to give you a preview of our current thinking about reauthorization.

Let me also add that I think it is very appropriate that you will be hearing testimony from the General Accounting Office, and we are very cognizant. I have reviewed the recent reports and certainly look forward to hearing or reading their testimony that will be presented to you today.

The concept of accountability of using the taxpayers' dollars with great care in making sure that the programs are both cost-effective and that they work, and that they are administered well, is one that we fully share, and we are committed also to improving the evaluation capacity of the Department so that we can get a better handle on this and separate what sounds good and looks good but may not, in fact, work well from those programs that do, in fact, work well.

This is particularly important, of course, throughout government but very important here because people are so concerned and we can not be glib about offering simple solutions to very tough problems.

Let me give you some of the considerations that have shaped our thinking. The Drug Free Schools and Communities Act was passed in 1986 to support programs and policies, as you know, to deter youths in elementary and secondary schools and, to a lesser degree, postsecondary institutions from using alcohol, tobacco and other drugs.

And since that time $2.5 billion has been distributed to governors, State and local education agencies, institutions of higher education, and nonprofit organizations, and those funds have supported a wide range of prevention activities and technical assistance.

As I go into this brief history I ask for your forgiveness. I neglected to introduce the gentleman at my left who has been historically involved with this program and who probably is familiar to you, Bill Mozlowski, who is the director of drug and planning and outreach strategy in the Department. I am delighted to have his assistance and his knowledge.

Now, we know that since 1986 some significant successes have occurred, but we won't spend our time today looking at those successes because they are still not good enough and they are relatively modest and I think we all agree that we absolutely have to do more to create a safe learning environment for our children.

As you, Mr. Chairman, pointed out, it is the goal, particularly goal number six, that now gives us an impetus, as well as a framework, for our action. And that goal, as you are familiar with, is very clear that all schools will be free of drugs and violence by the year 2000 and will maintain disciplined environments conducive to learning.

It is in there because, in a sense, it should be first and not towards the end because it is the underpinning of everything else in terms of children's capacity to be able to learn. We fully recognize, as you do, that a school cannot function, children cannot learn, teachers can't teach, and administrators can't succeed when a school is besieged by the effects of drug and alcohol use and violence.

As we look at the point where we are at today and we look back at 1986 and see the programs that have been enacted and when we look at where we are today, it could be said that we are entering a somewhat newer phase, if you will, in this effort to deal with drug and alcohol abuse.

What we recognize more clearly today than we did in the past is, one, the connection between drug use and violence and that the symptoms of violence have to be addressed simultaneously as we deal with drug use.

Two, we recognize that drug and alcohol abuse and violence do not happen in an isolated environment of the school alone and that the school is a reflection of the family, the community and that the three—the family and the community and the school—are interlinked. If we are to solve these problems we must work more closely with the community and the family in order to change the environment in the school.

Children obviously learn their habits from their peers in the community, and they learn their habits and their values from their families. So if we are to improve the effectiveness and quality of alcohol and other drug prevention efforts, what we have learned is that we have to place them in a larger context.

One, we have to encourage more comprehensive programs that attack the causes and effects of alcohol and other drug use; two, we have to link violence and drug prevention; three, we have to encourage parent involvement to a greater extent than we have; and, we also have to go back to basic research and really focus on those programs that produce results.

Finally, and not of the least importance, we have to do a better job at targeting the areas of highest need. Obviously all areas have some impact, whether it's Nebraska or Vermont or Brooklyn, New York, but we realize that some areas are in a worse crisis situation in regard to this than others and that is where we have to target our funds.

One example of a program that takes a more comprehensive view, and preliminary results seem to be very good, is a program that has been undertaken jointly by the Department of Justice, HUD, and the Department of Education. It is the Safe Haven program where a number of cities around the country, some 20 cities, have provided afterschool activities.

The idea that if you provide alternatives to simply free time where you could get in trouble where you provide a supportive atmosphere where the school itself is a safe haven does seem to work. It is this kind of approach that I think is more indicative of the future direction in which we are considering going.

Now, the linkage between drugs and violence, I think, is clear to all of us. There is not always an absolute connection, but most of the time the two are connected and every day when you read *The Washington Post* or you watch the evening news we see very shining examples of these events, almost to the point where we immunize ourselves against these horror stories. I think the last thing we as a society can do, is to shield ourselves from these realities because the children and their families are not shielded.

The statistics, while helpful, don't tell the whole story and yet they are significant. Approximately three million thefts and violent

crimes occur on or near a school campus every year. The rate of deaths caused by firearms among people aged 15 to 19 has climbed to the highest level ever recorded in this country.

You know all these statistics and I need not list more of them, but I think the statistics are important. But it is the individual stories that bring this issue into focus for us and which we must remember as we deal with this problem. These figures are unacceptable. These stories should not have to be told day after day and night after night.

These data, as well as data on alcohol and other drug use, point to the need for a significant continued Federal commitment to programs that prevent drug use and violence.

We agree, Congressman Barrett, that money is not everything, but money, commitment, targeting, and concern and effectiveness is what has to be all combined into a very strong and determined strategy.

We also realize what these statistics don't tell us, and Congressman Sawyer has alluded to that, is some of the other effects that drug and alcohol abuse create, namely on the whole second generation in terms of infant mortality rates, lower birth-weight babies, birth defects. We have to be very, very aware of the fact that not only are we affecting that particular child in school, we are protecting babies who have a much less chance of success as a result.

Clearly, our proposals for reauthorization of the Drug Free Schools and Communities Act programs will not mean business as usual. It will mean strengthening the programs to meet the needs of American young people and their families and relating these needs to our overall educational goals.

Nothing happens in isolation. We want children to learn, we want children to be healthy, we want children to get a good start, and we want children to live without fear so that they can really reach their full potential.

As we look at reauthorization there are several themes that are emerging. They relate to the scope of the program, the flexibility of the program, targeting, simplification, and training.

I must tell you it is interesting as a former governor to be here saying that the Federal Government is going to provide you greater flexibility, simplification, and all the things that I always wished the Federal Government would do when I was Governor, and all I can tell you is I do understand.

I do understand exactly what the States and localities are looking for and, as Deputy Secretary, both Secretary Riley and I and the President will take these intentions that I am sure you have heard before from departments and make them as close to reality as we possibly can, with your help and with your cooperation, because that is exactly what we need.

We need to not always look at categorical programs. We need to recognize that we are looking at a family, at a human being, who has multiple problems and if that person is to be helped by a community program, they have to have the flexibility to see that whole family and not go through 29 different programs in order to patch together some form of assistance.

So the idea of greater scope, greater flexibility, in the use of funds that will allow communities to deal with things like teenage

pregnancy, things like violence, at the same time and to have less bureaucracy with that is certainly absolutely our aim and we really want advice on how to do that.

We realize that there is, you know, a slight tension there between flexibility and accountability, and we absolutely have to stick with the accountability without being micromanagers of every single program. There must be a happy middle ground in that regard.

Also, I mentioned earlier the better targeting of resources. We are looking at ways that the existing formulas could be changed. We welcome your input. Now we use Chapter I as a measurement. We are also looking at, obviously, the incidence of violence and crime to target those funds in this Act to the areas of greatest need and, also, the least capacity.

Some schools still are more adept because of their overall economic and social circumstances to dealing with these problems than others.

The other area that we also feel strongly about is to have more comprehensive training and technical assistance. A lot of folks at the local level want to do the right thing but often we don't give them the wherewithal to do so, particularly when they have small groups of funds like $126, as you mentioned, Congressman Barrett.

I know that from a small State like Vermont we have had trouble where Federal guidelines were written for major urban areas and simply don't fit for small communities, and sometimes what works for a small community does not fit an urban area.

I think we have to recognize that there may have to be flexibility on some of these rules and regulations, and training helping people to work together in consortiums or in other groups so that they can get more effectiveness with a small amount of money and that we don't drain off the money that they do get with layers and layers of bureaucracy.

I think we are in agreement on that. That doesn't mean it is easy to do and we certainly look for your guidance specifically in how to do it.

I had mentioned earlier evaluation. That is critical. We look forward to working with the GAO, with others, to refining an evaluation system that gives good feedback without, again, burdening people in forms that will take away precious time and money from the task at hand.

In conclusion, Mr. Chairman, we look forward to working closely with you to shape these very important Federal policies that support the growth of healthier, safer and better educated children. That is what we all want.

We all agree we cannot accept the status quo. Neither can we simply shake our heads in despair when we read the headlines or watch the evening news.

All parents of all ethnic backgrounds, rich or poor, whether they live in Burlington, Vermont, or Brooklyn, New York, want the best for their children. And I feel very, very strongly that all of our children should have a childhood that is safe and carefree and should be able to look forward to being productive and happy adults.

In that regard, we are also submitting a safe schools bill to Congress and I would be happy to answer more questions about that if you have them, but at this point I feel we have an opportunity, even though the statistics are grim. We have an opportunity in this new administration, this new Congress, this new President, to provide fresh hope for all of our children.

Thank you for giving me this chance to express the commitment of the Department of Education and the administration to this great challenge. Thank you.

[The prepared statement of Hon. Madeleine Kunin follows:]

TESTIMONY OF THE HONORABLE MADELEINE M. KUNIN

BEFORE THE

SUBCOMMITTEE ON SELECT EDUCATION AND CIVIL RIGHTS

MARCH 31, 1993

MR. CHAIRMAN, THANK YOU AND THE MEMBERS OF THE SUBCOMMITTEE ON SELECT EDUCATION AND CIVIL RIGHTS FOR THE OPPORTUNITY TO TESTIFY BEFORE YOU ABOUT REAUTHORIZATION OF THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT. PRESIDENT CLINTON AND SECRETARY RILEY SHARE YOUR COMMITMENT TO CREATING A HEALTHY AND SAFE ENVIRONMENT FOR OUR CHILDREN THAT WILL ENABLE THEM TO LEARN WITHOUT FEAR.

BEFORE GOING INTO THE REAUTHORIZATION OF THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT, LET ME TRY TO CONVEY TO YOU THE SENSE OF EXCITEMENT AND POSSIBILITY I FEEL TODAY AT THE DEPARTMENT OF EDUCATION. THE DEPARTMENT IS NOW ON THE MOVE WITH NEW INSPIRATION, DETERMINATION, AND LEADERSHIP. OUR MISSION IS CLEAR--TO PROVIDE EQUAL OPPORTUNITY TO ACHIEVE AN EXCELLENT EDUCATION FOR ALL THE CHILDREN IN AMERICA. FULFILLING THAT MISSION, AS WE ALL KNOW, WILL NOT BE EASY, BUT WE MUST BEGIN--AND THIS HEARING IS AN IMPORTANT PART OF THAT BEGINNING.

WE HAVE BEEN ACTIVELY SOLICITING THE VIEWS OF INTERESTED ORGANIZATIONS AND INDIVIDUALS AS WE DEVELOP OUR PROPOSAL FOR THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT. IT WILL BE AN INTEGRAL PART OF THE LARGER ELEMENTARY AND SECONDARY EDUCATION ACT REAUTHORIZATION. MANY DECISIONS REMAIN ABOUT THE SHAPE AND SCOPE OF THE VARIOUS PIECES OF THE ELEMENTARY AND SECONDARY EDUCATION ACT REAUTHORIZATION. NEVERTHELESS, OUR GOAL IS TO SUBMIT THAT COMPREHENSIVE PROPOSAL TO YOU IN MID-MAY. TODAY, I WANT TO GIVE YOU A PREVIEW OF OUR CURRENT THINKING ON THE REAUTHORIZATION OF DFSCA.

WE ARE ALSO AWARE OF STUDIES CONDUCTED BY THE GENERAL ACCOUNTING OFFICE. I NOTE THAT STAFF FROM THE GENERAL ACCOUNTING OFFICE WILL BE TESTIFYING HERE TODAY TO SHARE THEIR THOUGHTS ABOUT MODIFICATIONS TO THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT. I LOOK FORWARD TO REVIEWING THAT TESTIMONY, AND I ASSURE YOU THAT THEIR RECOMMENDATIONS WILL BE CAREFULLY CONSIDERED DURING OUR DELIBERATIONS. OUR GOALS ARE SIMILAR--TO PROVIDE THE TAXPAYER WITH COST EFFECTIVE, WELL ADMINISTERED PROGRAMS THAT WORK.

AS A PRELUDE TO A DISCUSSION ABOUT REAUTHORIZATION, I'D LIKE TO PRESENT SOME OF THE CONSIDERATIONS THAT HAVE SHAPED OUR THINKING.

THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT WAS PASSED IN 1986 TO SUPPORT PROGRAMS AND POLICIES DESIGNED TO DETER YOUTHS--IN ELEMENTARY AND SECONDARY SCHOOLS, AND TO A LESSER DEGREE, POSTSECONDARY INSTITUTIONS--FROM USING ALCOHOL, TOBACCO, AND OTHER DRUGS. SINCE THAT TIME, MORE THAN $2.5 BILLION HAS BEEN DISTRIBUTED TO GOVERNORS, STATE AND LOCAL EDUCATIONAL AGENCIES, INSTITUTIONS OF HIGHER EDUCATION, AND NON-PROFIT ORGANIZATIONS TO SUPPORT A WIDE RANGE OF PREVENTION ACTIVITIES AND TECHNICAL ASSISTANCE.

SOME SIGNIFICANT SUCCESSES HAVE OCCURRED SINCE PASSAGE OF THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT. AMONG THEM ARE:

- AN INCREASED PUBLIC AWARENESS OF THE PROBLEMS ASSOCIATED WITH THE USE OF ALCOHOL, TOBACCO, AND OTHER DRUGS.

- AN EXPANSION OF DRUG EDUCATION AND PREVENTION PROGRAMMING TO ALMOST ALL STUDENTS IN THE UNITED STATES.

- AN ENCOURAGING DECREASE IN THE USE OF MOST DRUGS BY STUDENTS."

- INCREASED TRAINING OF TEACHERS, ADMINISTRATORS AND OTHER FACULTY IN DRUG PREVENTION.

- DRUG PREVENTION PROGRAMS AND POLICIES INSTITUTIONALIZED IN SCHOOLS.

BUT WE MUST DO MORE TO CREATE A SAFE LEARNING ENVIRONMENT FOR OUR CHILDREN. THE ATTAINMENT OF NATIONAL EDUCATIONAL GOAL SIX -- THAT ALL SCHOOLS WILL BE FREE OF DRUGS AND VIOLENCE BY THE YEAR 2000 AND WILL MAINTAIN DISCIPLINED ENVIRONMENTS CONDUCIVE TO LEARNING -- IS KEY TO THE SUCCESS OF ALL OF OUR EDUCATION REFORM PLANS AND PRINCIPLES. STUDENTS CANNOT LEARN, TEACHERS CANNOT TEACH, AND ADMINISTRATORS CANNOT SUCCEED IF STUDENTS ARE USING ALCOHOL OR OTHER DRUGS, AND ARE DISRUPTIVE, OR ARE THREATENED WITH VIOLENCE AND INTIMIDATION.

WE ARE, IN EFFECT, ENTERING A NEW PHASE OF ALCOHOL AND DRUG ABUSE EDUCATION--ONE THAT GOES BEYOND SLOGANS AND RECOGNIZES THE

CONNECTION BETWEEN DRUGS AND VIOLENCE AND THE IMPORTANCE OF STRENGTHENING FAMILY, THE COMMUNITY AND THE SCHOOL.

IF WE ARE TO IMPROVE THE EFFECTIVENESS AND QUALITY OF ALCOHOL AND OTHER DRUG PREVENTION EFFORTS, WE MUST PLACE THEM IN THIS LARGER CONTEXT:

- O ENCOURAGE THE DEVELOPMENT OF COMPREHENSIVE PROGRAMS THAT ATTACK THE CAUSES AND EFFECTS OF ALCOHOL AND OTHER DRUG USE;

- O LINK SCHOOL VIOLENCE AND DRUG PREVENTION STRATEGIES WITH ACTIVITIES AND STRATEGIES IN THE LOCAL COMMUNITY BECAUSE THAT IS WHERE BEHAVIOR PATTERNS ARE FORMED;

- O ENCOURAGE PARENT INVOLVEMENT IN PREVENTION;

- O ENCOURAGE THE IMPLEMENTATION OF PROGRAMS THAT ARE BASED ON RESEARCH AND EFFECTIVE PRACTICES AND THAT PRODUCE POSITIVE RESULTS;

- O TARGET AREAS OF HIGHEST NEED MORE EFFECTIVELY;

- DEVELOP NEW WAYS TO REACH YOUTH WHO DROP OUT OF SCHOOL OR WHO DON'T FOLLOW A TRADITIONAL EDUCATIONAL PATH;

- PROMOTE THE DEVELOPMENT OF NEW STRATEGIES THAT REDUCE THE USE OF ALCOHOL AND TOBACCO;

- ADDRESS PROBLEMS RELATED TO SCHOOL VIOLENCE.

ONE EXAMPLE OF A PROGRAM THAT IS BASED ON MANY OF THESE PRINCIPLES IS THE "SAFE HAVEN" PROGRAM. THE DEPARTMENT OF EDUCATION HAS WORKED WITH THE DEPARTMENTS OF JUSTICE AND HOUSING AND URBAN DEVELOPMENT TO SUPPORT THE DEVELOPMENT OF "SAFE HAVENS" IN TWENTY CITIES AROUND THE COUNTRY. "SAFE HAVENS" PROVIDE YOUNG PEOPLE WITH A VARIETY OF AFTER-SCHOOL OPPORTUNITIES: EDUCATIONAL, CULTURAL, RECREATIONAL, AND HEALTH-RELATED ACTIVITIES. THESE ACTIVITIES ARE SUPERVISED BY TRAINED ADULTS AND ARE CONDUCTED IN A SAFE AND SECURE ENVIRONMENT.

THE ADMINISTRATION IS DEEPLY CONCERNED ABOUT THE PROBLEM OF SCHOOL VIOLENCE AND CRIME. I'D LIKE TO TAKE A MINUTE TO MENTION SOME STATISTICS THAT ARE VERY ALARMING.

- APPROXIMATELY 3 MILLION THEFTS AND VIOLENT CRIMES OCCUR ON OR NEAR SCHOOL CAMPUSES EVERY YEAR. THIS EQUATES TO NEARLY 16,000 INCIDENTS PER SCHOOL DAY, OR AN INCIDENT EVERY SIX SECONDS.

- THE RATE OF DEATHS CAUSED BY FIREARMS AMONG PEOPLE AGED 15 - 19 HAS CLIMBED TO THE HIGHEST LEVEL EVER RECORDED IN THIS COUNTRY. THE RATE OF THESE DEATHS ROSE GRADUALLY THROUGH THE 60'S, 70'S AND EARLY 80'S, BUT HAS JUMPED FROM 13.3 DEATHS PER 100,000 IN 1985 TO 23.5 DEATHS PER 100,000 IN 1990.

- IN 1991, 16 PERCENT OF HIGH SCHOOL SENIORS REPORTED BEING THREATENED WITH A WEAPON AT SCHOOL AND 7 PERCENT REPORTED BEING INJURED WITH A WEAPON.

- APPROXIMATELY ONE OF EVERY FIVE HIGH SCHOOL STUDENTS NOW CARRIES A FIREARM, KNIFE, OR CLUB ON A REGULAR BASIS [THOUGH NOT NECESSARILY TO SCHOOL].

- EIGHT PERCENT OF PUBLIC SCHOOL TEACHERS REPORTED BEING PHYSICALLY THREATENED AND 2 PERCENT REPORTED BEING PHYSICALLY ATTACKED DURING THE PREVIOUS YEAR.

THESE DATA, AS WELL AS DATA ON ALCOHOL AND OTHER DRUG USE, POINT TO THE NEED FOR A SIGNIFICANT CONTINUED FEDERAL COMMITMENT TO PROGRAMS THAT PREVENT DRUG USE AND VIOLENCE AMONG YOUTH.

- MORE THAN HALF (52.7%) OF HIGH SCHOOLS SENIORS, 40% OF TENTH GRADERS, AND 17% OF EIGHTH GRADERS ENGAGE IN "BINGE" DRINKING OF ALCOHOL (FIVE OR MORE CONSECUTIVE DRINKS IN ONE SITTING).

- NEARLY THREE SENIORS IN TEN ARE CURRENT CIGARETTE SMOKERS; 20% OF 10TH GRADERS SMOKE, AS DO 15% OF EIGHTH GRADERS.

- NEARLY ONE-QUARTER (23.9%) OF HIGH SCHOOL SENIORS USED MARIJUANA AT SOME TIME DURING THE YEAR.

NONE OF THESE STATISTICS TELL US ABOUT THE EFFECT OF ALCOHOL AND OTHER DRUG USE ON THE NEXT GENERATION--INFANT MORTALITY, LOW BIRTH WEIGHT, MENTAL RETARDATION (PARTICULARLY WITH ALCOHOL ABUSE), DELAYS IN DEVELOPMENT OF SPEECH AND LANGUAGE SKILLS THAT CAN AFFECT CHILDREN'S LEARNING, AND ENVIRONMENTS OF ABUSE THAT AFFECT WHOLE COMMUNITIES AS WELL AS FAMILIES.

CLEARLY, OUR PROPOSALS FOR REAUTHORIZATION OF THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT PROGRAMS WILL NOT MEAN "BUSINESS AS USUAL." IT WILL MEAN STRENGTHENING THESE PROGRAMS TO MEET THE NEEDS OF AMERICAN YOUNG PEOPLE AND THEIR FAMILIES AND RELATING THOSE NEEDS TO OUR EDUCATION GOALS. WE WILL PROPOSE REVISIONS THAT REFLECT OUR OVERARCHING PRINCIPLES FOR REAUTHORIZATION, WHICH ARE:

1. PROMOTE COHERENT, SYSTEMIC EDUCATION REFORM ACROSS THE NATION.

2. DEFINE APPROPRIATE AND COHERENT FEDERAL, STATE, AND LOCAL ROLES AND RESPONSIBILITIES FOR EDUCATION REFORM.

3. PROMOTE THE ADOPTION OF HIGH QUALITY, INTERNATIONALLY COMPETITIVE PERFORMANCE STANDARDS AND ASSESSMENT MEASURES.

4. PROMOTE EDUCATIONAL EXCELLENCE AND EQUAL EDUCATIONAL OPPORTUNITY BY ESTABLISHING THE PRINCIPLE THAT ALL CHILDREN CAN AND SHOULD BE HELD TO HIGH ACHIEVEMENT STANDARDS.

5. PROMOTE FAIR OPPORTUNITIES FOR ALL CHILDREN TO ACHIEVE HIGH STANDARDS.

6. PROMOTE FLEXIBILITY IN THE USE OF FEDERAL RESOURCES IN RETURN FOR ACCOUNTABILITY FOR RESULTS.

7. IN DEFINING PROGRAMMATIC SUCCESS, EMPHASIZE ACHIEVEMENT GAINS AND PUT LESS EMPHASIS ON PROCESS REQUIREMENTS AND MEASURING INPUTS.

THE ADMINISTRATION IS EXAMINING OPTIONS TO REVISE THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT IN FIVE MAJOR AREAS:

- O THE SCOPE OF THE PROGRAM;
- O BETTER TARGETING OF RESOURCES;
- O SIMPLIFICATION OF THE PROGRAM;
- O DEVELOPMENT OF MORE COMPREHENSIVE TRAINING AND TECHNICAL ASSISTANCE EFFORT, AND;

O DEVELOPMENT OF A MORE EFFECTIVE EVALUATION SYSTEM.

LET ME BRIEFLY OUTLINE SOME OF THE ISSUES THAT WE FEEL NEED TO BE ADDRESSED IN EACH OF THESE AREAS.

SCOPE OF THE PROGRAM

SCHOOL VIOLENCE MUST BE STEMMED. WE INTEND TO CONTRIBUTE TO THIS GOAL IN TWO WAYS: FIRST, TO MEET THE IMMEDIATE NEED FOR EMERGENCY ASSISTANCE, THE ADMINISTRATION WILL SOON TRANSMIT A SAFE SCHOOLS BILL FOR YOUR CONSIDERATION.

SECOND, AS PART OF THE REAUTHORIZATION PROCESS, WE ARE ALSO CONSIDERING ALLOWING SCHOOLS GREATER FLEXIBILITY IN USING FUNDS FROM THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT TO SUPPORT VIOLENCE PREVENTION AS WELL AS ALCOHOL AND DRUG PREVENTION. MANY OF THE RISK FACTORS THAT DRAW STUDENTS TO ALCOHOL AND DRUG USE MAY BE THE SAME RISK FACTORS THAT DRAW THEM TO VIOLENT BEHAVIOR. THE MOST EFFECTIVE MEANS OF ADDRESSING BOTH OF THESE PROBLEMS--DRUGS AND VIOLENCE--MAY BE THROUGH AN EXPANDED PROGRAM THAT WOULD PERMIT SCHOOLS TO DEVELOP PROGRAMS THAT ADDRESS BOTH IN A COMPREHENSIVE APPROACH TO ACHIEVING NATIONAL EDUCATION GOAL 6.

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ANOTHER ISSUE RELATED TO SCOPE OF THE PROGRAM IS THE TYPE OF PREVENTION ACTIVITIES THAT SHOULD BE ELIGIBLE FOR FUNDING. CURRENTLY, ALL PROGRAMMING HAS TO BE RELATED DIRECTLY TO DRUG AND ALCOHOL EDUCATION AND PREVENTION.

WHILE THIS APPROACH ENSURES THAT THERE IS A STRONG FOCUS ON ALCOHOL AND DRUG PREVENTION, IT MAY NOT ALWAYS BE THE MOST EFFECTIVE APPROACH. RESEARCHERS, RECENT COMMISSIONS, AND THE GENERAL ACCOUNTING OFFICE POINT OUT THAT COMPREHENSIVE DRUG PREVENTION PROGRAMS APPEAR TO BE THE MOST EFFECTIVE MEANS OF ENABLING STUDENTS TO BE DRUG FREE AND PREPARED TO LEARN. WE ARE EXAMINING WAYS IN WHICH WE CAN ENSURE THAT STUDENTS RECEIVE INFORMATION ABOUT ALCOHOL AND DRUGS, WHILE AT THE SAME TIME ENCOURAGING SCHOOLS TO DEVELOP A MORE COMPREHENSIVE APPROACH.

BETTER TARGETING OF RESOURCES

CURRENTLY STATE GRANT FUNDS ARE ALLOCATED TO STATE EDUCATIONAL AGENCIES BASED ON A FORMULA THAT TAKES INTO ACCOUNT THE STATE'S SCHOOL-AGED POPULATION AND SHARE OF CHAPTER 1 COMPENSATORY EDUCATION FUNDS. WE ARE CONCERNED THAT THIS FORMULA, AND THE INTRA-STATE ALLOCATION PROCESS, MAY NOT CONCENTRATE FUNDS IN

THOSE LOCAL EDUCATIONAL AGENCIES WHOSE CHILDREN ARE AT HIGHEST RISK OF DRUG OR ALCOHOL USE OR EXPOSURE TO SCHOOL VIOLENCE, THOSE CHILDREN WHO MAKE UP THE TRAGIC STATISTICS I CITED EARLIER.

WHILE ALL AREAS OF OUR NATION ARE EXPERIENCING SOME LEVEL OF ALCOHOL AND DRUG USE AS WELL AS INCIDENTS OF VIOLENCE, WE RECOGNIZE THAT THE PROBLEMS ARE NOT THE SAME IN EACH COMMUNITY; NOR DO ALL AREAS HAVE THE SAME CAPACITY TO DEAL WITH THESE PROBLEMS. WE ARE EXPLORING WAYS TO REVISE THE ALLOCATION MECHANISM TO ENSURE THAT AREAS OF "HIGHEST NEED" RECEIVE GREATER FUNDING LEVELS.

SIMPLIFICATION OF THE PROGRAM

AS A RESULT OF FREQUENT AMENDMENTS, THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT HAS BECOME A PATCHWORK OF DUPLICATIVE DISCRETIONARY GRANT PROGRAMS. THE FORMULA GRANT PROGRAM IS SADDLED WITH SET-ASIDES AND RESTRICTIONS THAT LIMIT LOCAL FLEXIBILITY OFTEN BLOCKING PREVENTION INITIATIVES THAT BEST FIT COMMUNITY NEEDS. DESPITE THIS PROFUSION OF PROGRAMS AND SET-ASIDES, THE DEPARTMENT IS NOT CURRENTLY AUTHORIZED TO PURSUE A

NUMBER OF ACTIVITIES THAT WOULD LEAD TO IMPROVED PREVENTION EFFORTS IN SCHOOLS ACROSS THE COUNTRY.

WE ARE LOOKING FOR WAYS TO STREAMLINE THE PROGRAM AND PROVIDE NECESSARY FLEXIBILITY TO THE STATES, WHILE MAINTAINING STRONG ACCOUNTABILITY.

DEVELOPMENT OF MORE COMPREHENSIVE TRAINING AND TECHNICAL ASSISTANCE

CURRENTLY, STATE AND LOCAL EDUCATIONAL AGENCIES PROCURE TRAINING AND TECHNICAL ASSISTANCE SERVICES THROUGH SEVERAL DRUG-FREE SCHOOLS AND COMMUNITIES ACT PROGRAMS--THE STATE AND LOCAL GRANT PROGRAM, THE REGIONAL CENTERS PROGRAM, AND TWO SEPARATE DISCRETIONARY GRANT COMPETITIONS FOR TRAINING. WHILE THESE COMBINED EFFORTS HAVE A SIGNIFICANT IMPACT ON TRAINING TEACHERS, COUNSELORS, AND OTHER SCHOOL PERSONNEL, WE BELIEVE THAT THE IMPACT AND EFFECTIVENESS OF THESE ACTIVITIES CAN BE IMPROVED.

WE ARE EXPLORING WAYS TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE ACTIVITIES THAT WILL BUILD SIGNIFICANT TRAINING CAPACITY AND INTEGRATE TRAINING EFFORTS UNDER THE DRUG-FREE SCHOOLS AND

COMMUNITIES ACT PROGRAMS WITH OTHER TRAINING AND TECHNICAL ASSISTANCE ACTIVITIES IN OUR REAUTHORIZATION PROPOSAL LATER THIS YEAR FOR THE ELEMENTARY AND SECONDARY EDUCATION ACT.

DEVELOPMENT OF A MORE EFFECTIVE EVALUATION SYSTEM

THE CURRENT STATUTE CONTAINS DUPLICATIVE EVALUATION AND REPORTING REQUIREMENTS AT THE FEDERAL, STATE, AND LOCAL LEVELS FOR ASSESSING THE EFFECTIVENESS OF PART B STATE AND LOCAL PROGRAMS FUNDED UNDER THIS ACT. EXPERIENCE HAS SHOWN THAT THESE REQUIREMENTS ARE BURDENSOME AND COSTLY, AND DO NOT NECESSARILY SUPPORT THE IMPLEMENTATION OF HIGH-QUALITY PROGRAMS, OR GENERATE MEANINGFUL MEASURES OF PROGRAM OUTCOMES OR IMPACT.

WE ARE CURRENTLY EXAMINING WAYS IN WHICH WE CAN STRENGTHEN THE QUALITY OF OUR EVALUATION EFFORTS WHILE REDUCING THE BURDEN ON STATE AND LOCAL EDUCATIONAL AGENCIES. WE RECOGNIZE THAT THE EVALUATION OF PREVENTION PROGRAMS IS A VERY COMPLEX MATTER THAT REQUIRES A CONSIDERABLE AMOUNT OF EXPERTISE AND RESOURCES--EXPERTISE AND RESOURCES THAT ARE NOT ALWAYS AVAILABLE AT THE STATE AND LOCAL LEVELS.

CONSEQUENTLY WE ARE EXPLORING WAYS TO MODIFY THE CURRENT EVALUATION REQUIREMENTS THAT ASSIGN CLEAR AND APPROPRIATE ROLES FOR THE FEDERAL GOVERNMENT AS WELL AS FOR STATE AND LOCAL GOVERNMENTS PARTICIPATING IN THE PROGRAM.

MR. CHAIRMAN, WE LOOK FORWARD TO WORKING CLOSELY WITH YOU TO SHAPE FEDERAL POLICIES THAT SUPPORT THE GROWTH OF HEALTHIER, SAFER, AND BETTER EDUCATED CHILDREN. WE CANNOT ACCEPT THE STATUS QUO. NEITHER CAN WE SIMPLY SHAKE OUR HEADS IN DESPAIR. ALL PARENTS, OF ALL ETHNIC BACKGROUNDS, RICH OR POOR, WHO LIVE IN BURLINGTON, VERMONT OR BROOKLYN, NEW YORK, WANT THE BEST FOR THEIR CHILDREN. ALL OUR CHILDREN SHOULD HAVE A CHILDHOOD THAT IS SAFE AND CAREFREE AND SHOULD BE ABLE TO LOOK FORWARD TO BEING PRODUCTIVE AND HAPPY ADULTS. THIS IS NOT THE CASE FOR MANY OF OUR CHILDREN TODAY. I BELIEVE, THAT WITH A JOINT COMMITMENT, WE CAN CHANGE THIS, AND PROVIDE FRESH HOPE AND NEW OPPORTUNITY FOR OUR CHILDREN. THANK YOU FOR GIVING ME THIS CHANCE TO EXPRESS THE COMMITMENT OF THE DEPARTMENT OF EDUCATION TO THIS CHALLENGE.

Chairman OWENS. Thank you very much. We have just been joined by our ranking member, Mr. Ballenger. Since he did not have a chance to hear the testimony, I will give him a chance to catch his breath and move to Mr. Barrett for questions.

Mr. Barrett, would you like to open up?

Mr. BARRETT. Thank you, Mr. Chairman. Madame Secretary, excellent statement. I appreciated it very much and I also was interested in your comments about the importance of statistics, which I agree with you wholeheartedly on.

I mentioned in my opening statement, I think, something about the statistics reveal some declining drug use and alcohol use over the last 5 years or so, but there are some signs, as you, I believe, pointed out, that drug and alcohol use is back on the upswing.

GAO has said that some of the studies that they have done have been inconclusive in terms of the impact on youth and their attitudes towards drugs and alcohol.

The consistent complaint that I hear from teachers and also administrators, and I think I touched on this in my opening statement, is the lack of hard evidence in evaluating which programs are effective.

Do you see something off there in the horizon on which we can do a little better job? I think you touched on it, but I wish you would embellish it just a bit.

Ms. KUNIN. Well, I think we can always do better. I think there is no question that we can refine this process. We may never, however, be able to get totally definitive answers in this area because it is very hard to isolate any particular program from everything else that may be going on in the community at any particular time, so that you will never get a pure cause and effect.

I am not a scientist, and maybe the scientists can give you more answers to that, but I think what we recognize is that, one, we can't accept the status quo so we have to intervene to the very best of our ability, and then it's a question of how.

And I think there are programs now that have been more effective than others, such as the Safe Haven program that I mentioned. I think the programs, from my reading, are the ones that recognize you can't just tell a kid don't do this, this is bad for you.

You know, they are street smart, their peers are engaged in these activities, so we really have to give them other alternatives that give them confidence and give them a sense of self-worth and keep them busy because I think those of us who don't live in that environment cannot imagine what the pressures are.

I think we can do some sorting out of those programs. We may never get a perfect answer or a perfect program, but I think working with the families, working with other members of the community, recognizing that that child or teenager has to walk those streets from home to school and, you know, you can't put a bubble over him in that period.

So that unless that community is engaged in the effort along with the school and unless the family is engaged in the effort along with the school, you are not going to create the kind of long-term change that we hope. And I think it's the community-based and family-based programs that seem to be doing the best and I am

sure the people you will hear from can be more specific in that regard.

Mr. BARRETT. Yes, we can do a better job. There has been some discussion, at least some rumors, that we might be looking at an overall approach to the health initiatives or to this problem in a reformed health bill.

Is there anything, in your judgment, that this might actually happen?

Ms. KUNIN. I'm not familiar with that discussion, but it certainly makes some sense on the face of it to relate drug and alcohol abuse to health issues but I'm not aware of where this would be put.

You are referring to the overall health reform?

Mr. BARRETT. Yes, in specific targeted areas toward youth for drug and alcohol abuse and use.

Ms. KUNIN. Bill, maybe you would like to respond to that.

Mr. MOZLOWSKI. It's not part of the education reauthorization, sir; however, we do work and have worked very closely with Health and Human Services on the comprehensive health issue.

Mr. BARRETT. Excuse me. That was my point.

Mr. MOZLOWSKI. And there is a movement for including some health drug education curricula in a comprehensive health curricula and many schools are going towards the development of a comprehensive health issue which bring up issues like teen pregnancy, STDs, sexually transmitted diseases, and link it all together and tie this in, and right now there is a great movement in the country to move in that direction.

Ms. KUNIN. That has certainly been the experience that we have had in Vermont, and I know a lot of other States that, again, this is the approach of comprehensiveness rather than simply isolating drug and alcohol abuse, recognizing that this is an overall health education and social education prospect.

I thought you were referring to the general administration's health reform legislation and we don't know exactly what will be in that package.

But I think the more we can connect the drug and alcohol abuse problem with human services, the better chance we have of each of us succeeding.

I will say that in this administration, there is much more of a dialogue across departmental lines, and I am sure you have noted that with Secretary Reich and Secretary Riley testifying. You will see Secretary Shalala and Secretary Riley and certainly our deputies and our staffs are working much more closely, I understand, than has been the pattern in the past and we intend to continue that at all levels.

Mr. BARRETT. Good. Then I guess, in conclusion, Mr. Chairman, one more quick one.

It seemed to me that perhaps in the later days of the Bush administration there was more of an effort to target grants and discretionary money. If that is, in fact, the case or was the case, do you see a continuation of that in the new administration?

Ms. KUNIN. Well, as we are developing the legislation we are looking at intensified targeting, greater discretion for targeting to the areas of highest need.

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Mr. BARRETT. Good, thank you. Thank you very much. Thank you, Mr. Chairman.

Chairman OWENS. Thank you. Mr. Sawyer.

Mr. SAWYER. Thank you. Let me return to a topic that Mr. Barrett began to explore. Targeting for success, as you mentioned, is an enormously difficult undertaking and I am not talking about the instruments or the techniques of measurement.

Let me just ask you, do we have a clear definition of the characteristics of success? What do we mean when we talk about success? Are there adjustments from what were presumed definitions of success in the past that we ought to reconsider or revisit for this reauthorization, and how best ought we to measure success?

Ms. KUNIN. Well, that's a very, very good question. I think sometimes we march down the road and we all think we know exactly what we want to achieve. We know there is a problem but we have difficulty in defining success. We have to get a better handle on this. Some things are measurable.

Obviously, if you take a survey and you find out whether drug usage has gone down, then you could use that as success. If you find the number of accidental drug overdoses have gone down, if you find that the violence has gone down, I think you can create some of those measures of success.

I mean, overall, you would say that is a better learning environment for the school would be your goal and then set some definitive standards for whether or not you have met that goal.

But I think when people apply for grants that it would be requested of them to be very specific in stating their goals and in stating measurements as to whether or not they succeeded, even in areas where it is tough to make. I think we have to strive for that.

I think often with social programs we throw up our hands and we say, you know, this just doesn't apply because it's not a science, but I think we still can create some barometers that tell us whether we are moving in the right direction; otherwise, we will never be able to adjust our compasses to go in the right direction.

Mr. SAWYER. Let me just add a couple of other comments. I want to applaud your use of the magic word consortiums. It is the only way to overcome the $126 problem.

It is also, perhaps, the only way in which we can not only enable but encourage the kind of interdisciplinary activity that a problem of this magnitude requires and give the flexibility that communities can make the best use of. Nobody knows that better than a governor.

For my final comment, Mr. Chairman, I think one of the major undertakings that we need to consider in the course of not only this effort but in the whole education and elementary and secondary reauthorization is the way in which we treat Chapter I. The timeliness of those measurements is critical.

I say that coming from a midwestern State, but the notion of targeting these dollars for Chapter I based on economic data that was derived from 1979 experience is just beyond comprehension. We can talk about all the precision that we want about targeting, but it will inevitably be wrong if it is so out of date.

Making those figures more timely is the groundwork, and then we have got to look very carefully at the definitions of what we

mean by poverty and what we mean by success if those data are really going to do us any good.

Thank you.

Ms. KUNIN. I couldn't agree with you more on that point.

Chairman OWENS. Thank you. Mr. Ballenger.

Mr. BALLENGER. Thank you, Mr. Chairman. I would like to apologize, Madame Secretary. Due to the shortage of people that are willing to serve on the DC Committee, I happen to be one of the senior members and I was trying to be polite to Mayor Kelly as she was making her pitch for more money and you just can't be two places at one time so, again, I apologize.

Ms. KUNIN. I fully understand.

Mr. BALLENGER. But I would like to ask your opinion because of my local involvement back home in North Carolina with the DARE program. I think we run it in at least in my part of North Carolina without Federal money, and they have been kind enough to invite me to speak on occasion. Maybe they can't get good speakers but they invite me to graduation exercises for the last 3 or 4 years and they also invite Ned Jarrett, who is a race-car driver, and he is much more popular than I am.

But it appears to me that just in watching the kids participate in that program and the fact that they actually turn out more parents for the DARE graduation program than they do for the basketball games at these junior high schools, it seems to me that it's just that you got parental involvement and student participation.

I'm sure the teacher helps push them, but it is a program that seems to be, at least in our area of the country, a very attractive program with lots of support. I think the sheriff's department runs it in my own home county. I don't know how it is run elsewhere, but it seems to me to be an excellent program that involves everybody and takes some creative thought on the part of both the children and the teachers and I was just checking here.

I understand there is some money that is available but a lot of places, I don't know. Having been a county commissioner for 8 years, I know I went out of my way to avoid any Federal money that I could possibly avoid because of the strings that go with it.

I don't know whether the money that is available in such programs is all wrapped up in Federal regulations and rules but if you haven't seen the DARE program——

Ms. KUNIN. I have.

Mr. BALLENGER. I think it's an excellent program and, like I say, it is fun to watch the enthusiasm of the kids when they get up and talk against liquor and drugs and so forth and do it very sensibly.

Ms. KUNIN. I totally share your views, Congressman Ballenger, and I was kidding around with my staff when we were discussing this before my testimony. I said, "I wonder if I should wear my DARE jacket."

Mr. BALLENGER. I've got a couple of tee shirts at home, too.

Ms. KUNIN. Which is a black silk jacket with all the police department decals on it from the State of Vermont. So I know of what you speak and I think the best part of the DARE program, as you say, is that it involves the whole community and it establishes a trusting relationship between the law enforcement community

and the children, and a lot of law enforcement officers donate tremendous amounts of time for this program.

I understand that there is some Federal money available for the DARE program and it may or may not be used. Ten percent—there is now—in fact, that is one of the areas we are thinking of changing, not as a categorical requirement.

Now 10 percent of the governor's discretionary funds have to be used for the DARE program. We still encourage funding to be used for that, but maybe we will just have more flexibility. Use it if you want to.

But I think your enthusiasm for it illustrates the point that programs that involve parents, involve the community, are positive instead of simply scare tactics, are the ones that I think encourage lifetime habits and really, really bomb the community with the children.

You know, the old saying that has become current from African communities is it takes a community to educate a child. I think we are recognizing that as our families very often are troubled, the whole community has to pitch in and provide that kind of guidance and love and sense of ethics that sometimes just slips between the cracks and DARE is one of those vehicles to provide that.

Mr. BALLENGER. Thank you.

Chairman OWENS. Mr. Fawell.

Mr. FAWELL. Thank you, Mr. Chairman. I appreciate your comments very much and, as I just jotted notes in regard to points that you were stressing, I can't help but comment upon an obvious fact that you certainly are taking upon yourself a tremendous job.

You referred to the fact that any successful program has to indeed bring family, schools, and the community together. You are talking of covering a great deal of ground and yet, rightly, calling for more flexibility, and less bureaucracy. However, we must have accountability which leads me to ask the question: Is the school the entity that ought to be leading this?

It is a tremendously difficult job. Hopefully not giving away my age too much, I can remember as a wee little tot the Great Depression in growing up in the late 1930s. At least in our community almost everybody was out of work, everybody was poor, but there was a family unit, whether the family was white or black, the family unit was so strong that it bound children together and it didn't matter if you were poor.

And what has happened in our society over the years is such that that family is not anywhere near as strong as it used to be and the communities are not as cohesive either. When the family unit disintegrates, it is the children who suffer.

In the 1960s, many had a cavalier attitude about drugs, even PhDs said it's mind-expanding, you know, a wonderful thing, let it all hang out.

Now we face the formidable task of trying to reinvigorate these institutions that have been desecrated. My wife taught for over 20 years and I know how dedicated most public schoolteachers are. And they have so much on them right now.

We already have HUD, HHS, the Department of Justice, and Welfare. I don't know. I wouldn't want to create a new bureaucracy.

But I repeat: Should the school be the leader of this tremendous obligation?

Ms. KUNIN. Well, you pose, you know, a very important question, which is hard to answer because we don't know all the answers. I think what we do know are a few things.

One is that even though families have changed, most families want to do right by their children and they do want to provide the love and the security. But they are living in a different circumstance than when you and I were kids, as you point out, so that I think we have to recognize the realities of their lives and the obstacles they have to deal with.

I think the school is a good starting point, but certainly not the only point, because the school is still where every child can be reached and so that at least it has a sort of universality to it, that at least you have the chance to lay your hands upon each child and provide that opportunity and no other institution quite does that.

But I think the school has to work very closely with the family and with the community and we can't expect the school to be this little sealed test tube and not expect interaction between the community and the family.

But I think the school has become increasingly, whether we like it or not, the only place where we can begin the healing, the connecting process that the school is the strongest center for most communities and it is where people at least can go to for help and where children can, hopefully, feel safe. And if we succeed we can radiate that sense of safety out into the community and get support from those families.

So I think, ideally, we wish it weren't so. We would like to go back to what we see as the good old days, which may not have been as good as we sometimes look upon them historically, but I think we have to deal with the fact that kids are living in fear, that parents are worried about their children on their way to school and their safety in school.

The kind of anxiety that probably you and I never had to have for our children, whether we get a phone call that a child had been shot, that kind of anxiety is a reality for so many people that we have to take whatever actions seem to make sense and the school is still a good beginning but not the total answer.

Mr. FAWELL. And when you refer to having to go to the cause, ironically, it isn't the school that has caused this.

Ms. KUNIN. No.

Mr. FAWELL. It is the community and the family unit. That has to be where the problem is and the school, therefore, has no real basis or is not a part of the cause.

Ms. KUNIN. Right. That is where it happens.

Mr. FAWELL. But the school is going to try to do something about it. Well, good luck.

Ms. KUNIN. To you, too. We're doing this together. Thank you. I look forward to working with you on this.

Mr. FAWELL. Thank you.

Chairman OWENS. Thank you. Madame Secretary, I don't want to be redundant, but I am going to ask just a few questions to clarify some points that you have made.

On process and timetable, you said a comprehensive proposal will be submitted by mid-May?

Ms. KUNIN. Right.

Chairman OWENS. And you say you will probably submit a safe schools bill. Can you just give us a rundown on what you have in mind in terms of process and timetables?

Ms. KUNIN. Right. The safe schools legislation is part of the 1994 budget appropriation and there is some $75 million allocated for that and that is moving along.

We are still in the formulation stage. We look forward to getting your input in that. We have been thinking about it quite a bit, but have we got a specific date for that, Bill?

Mr. MOZLOWSKI. No. I would imagine it would be similar.

Ms. KUNIN. It will probably be in the same time frame.

Chairman OWENS. Do you have in mind combining that with the Drug Free Schools?

Ms. KUNIN. Yes, eventually, into Elementary and Secondary Act reauthorization. But because we want to get it moving sooner than the final reauthorization, it will come out as a separate bill first and eventually be folded into the larger legislation. But because we want some action on that sooner it will be part of the 1994 appropriations act.

Chairman OWENS. You mentioned something about going back to basic research. What did you have in mind?

Ms. KUNIN. Well, to make more of a connection with our Office of Educational Research and Information and make sure that we have some practical applications.

There is a place for theoretical research and it is very important, but I think the Department of Education and the Secretary strongly share that view, and our new Assistant Secretary shares that view, that we should look for more ways simply to be useful in the classroom, in the school, and make greater connection between theory and practice so that it is part of the whole concept of evaluation, too.

You can't evaluate without having a strong research arm and we would like to focus more of that research on practical problems like drug-free schools.

Chairman OWENS. Do you think you have staff who are in a position to give some guidance—now that the program has a bit of a history and has been in existence for a while—in terms of pointing the way in this reauthorization? Can they give us some help in making it more specific in terms of options, not necessarily mandates?

Ms. KUNIN. Yes, I think we have a very good staff and where there are areas where we will need more assistance we will look for that, but I have been very impressed by the dedication and the enthusiasm of the career staff in the Department of Education.

As we know, it has been a department that was not high on the list in the previous administrations, and for the last 12 years it was not given star status, to say the least. Nevertheless, we recognize that there are very strong people, very dedicated people, who understand these issues who have been working hard.

And with the leadership of the Secretary, we can be responsive and provide the kinds of answers and background and information

that will make things work and, if we don't, we will correct it along the way.

You know we are open to suggestions. We are all going to continue to be in a learning curve in this to figure out what works best, but I think what we are hoping to create is a real spirit within the Department that doesn't break down into little separate boxes on the chart, but say we all have to make an effort for drug-free schools. We all have to see where we connect in fulfilling our commitment to the American people in terms of the goals.

And whether you are in the research branch or whether you are in elementary and secondary or whether you are in the civil rights division, you know, this is where we are going to focus together as a Department to serve the American people and to serve these communities.

Chairman OWENS. Could you designate somebody to work with us as we ferret out the questions and try to shape this reauthorization?

Ms. KUNIN. We would be pleased to do that.

Chairman OWENS. We certainly welcome your spirit and look forward to working with you, as I said before. Thank you very much for coming this morning.

Ms. KUNIN. Thank you. It has been a pleasure and a happy introduction. Thank you.

Chairman OWENS. We are going to combine Panel II and Panel III. We have a time problem and we think we can best solve it by making this change in our lineup.

For Panel II we have: Ms. Eleanor Chelimsky, assistant controller general, program evaluation and methodology, General Accounting Office; Dr. Lloyd Johnston, program director of Survey Research Center, Institute for Social Research, University of Michigan; Dr. Ronald D. Stephens, executive director, National School Safety Center, West Lake Village, California; Mr. Henry M. Wood, chairman, National Drug Free Schools and Communities Steering Committee, Wilmington, Delaware; Dr. Stephen Danish, professor and chair of the Psychology Department, director of Life Skills Center, Virginia Commonwealth University; and, Dr. William M. London, associate professor of Health Education, Kent State University, Kent, Ohio.

I want to thank all of you for taking time out to appear here. We will enter into the record your written testimony in its entirety.

I would like to ask you to confine your oral statement to about 5 minutes. We will use a timer to indicate when the 5 minutes are up. You may take another minute to finish your statement. During the questioning period you can elaborate further on your ideas if you feel that you need more time.

We would like to begin with Ms. Eleanor Chelimsky.

STATEMENTS OF MS. ELEANOR CHELIMSKY, ASSISTANT CONTROLLER GENERAL, PROGRAM EVALUATION AND METHODOLOGY, GENERAL ACCOUNTING OFFICE; DR. LLOYD JOHNSTON, THE PROGRAM DIRECTOR OF SURVEY RESEARCH CENTER, INSTITUTE FOR SOCIAL RESEARCH, UNIVERSITY OF MICHIGAN; DR. RONALD D. STEPHENS, THE EXECUTIVE DIRECTOR, NATIONAL SCHOOL SAFETY CENTER, WEST LAKE VILLAGE, CALIFORNIA; MR. HENRY M. WOOD, CHAIRMAN, NATIONAL DRUG FREE SCHOOLS AND COMMUNITIES STEERING COMMITTEE, WILMINGTON, DELAWARE; DR. STEPHEN DANISH, PROFESSOR AND CHAIR OF THE PSYCHOLOGY DEPARTMENT, DIRECTOR OF LIFE SKILLS CENTER, VIRGINIA COMMONWEALTH UNIVERSITY; AND DR. WILLIAM M. LONDON, ASSOCIATE PROFESSOR OF HEALTH EDUCATION, KENT STATE UNIVERSITY, KENT, OHIO

Ms. CHELIMSKY. Thank you, Mr. Chairman. It is a pleasure to be here. Just imagine that I figured that there would be a shortage of time and I have prepared a 5-minute statement, but I am glad to hear that you are going to put the full one in the record.

Well, we are going to be talking, I guess, today on the effects of drug prevention programs and our efforts to look for program evaluations in the three programs that I am going to talk to you about. That effort has not been extraordinarily successful.

Before beginning, let me introduce Fritz Mulhauser, who heads up our work on drug policy and is sitting there in the front row. I also want to mention Dr. Carolyn Feis, who was the project manager for two of our evaluations in this area.

Well, I am reporting on three studies of the state of evaluation: The Department of Education's basic program of school grants that we just were talking about earlier under the Drug Free Schools and Communities Act; the Department's Drug Free School recognition program, which looks at exemplary drug prevention programs; and a number of comprehensive community-based drug prevention programs that Secretary Kunin mentioned.

All of these GAO studies were done between 1989 and 1992, so my statement today also includes additional update information on the three programs.

What I have to say is that, unfortunately, because of the paucity of evaluations conducted for these programs, we have been able to learn very little about their actual effectiveness, either in preventing drug use or in achieving a better equilibrium for high-risk youth among the competing pressures that we all know about of family, peers, school and community.

We can say even less about the programs' comparative effectiveness in any cost-benefit sense. I am not talking about comparing across the three programs; I am talking about individual initiatives within each of the programs.

To measure the changes that a drug program has achieved among its clients, especially a program focusing on prevention, requires some serious efforts at determining program effects.

This means systematically comparing what happens to people who have been in a program versus what happens to those who have not, or comparing a program's results against some norm and

then examining what factors other than the program might be responsible for the results observed.

None of this is new, yet in the three programs we looked at what we found was that despite the Congressional mandate, effectiveness evaluation has not been adequately fostered, assisted, or encouraged, and it has rarely been performed well.

Therefore, we don't have available today the kind of information the Congress needs to make policy in this area. What works in drug prevention? What works best? Well, we don't know.

Even worse, some school programs have been rewarded for excellence without ever having to present evidence that they were effective. I think there is a big difference between saying that we can't get definitive cause and effect answers and simply collecting some data.

Specifically, with regard to evaluation under the Drug Free Schools and Communities Act, we believe the major impediment has been the allocation of funds on a formula basis. Since the money gets distributed without reference to program effectiveness, there is not much incentive for carrying out the Congressional mandate to find out what works.

On the other hand, with respect to the school recognition program, we have a lot better news to report. We found in our study that evaluation was more a matter of reconciling diverse opinions in the boards than of distinguishing among schools on the basis of evidence.

But now we find that things are changing and we are pleased to see the Department of Education recognizing stronger programs better supported by data.

As for evaluation and community-based prevention programs, although we did find some promising efforts, we also found that evidence of effectiveness was, again, more honored in the breech than in the observance.

Overall, although some actions have been taken by program sponsors and although we have some notions about what kinds of models can logically or theoretically be expected to work better than others, we still don't have a very clear idea of the effectiveness of these programs in preventing drug use.

To turn the situation around, we believe three things are needed: at least some funding conditioned on State and local evaluation; routinely available technical assistance and methodological guidance by program sponsors to help States and localities conduct sound and efficient evaluations.

They don't have to be definitive, they don't have to prove beyond all current knowledge that something is the best thing since sliced bread. They just need to collect some data so we can have some idea of what is happening in the program.

Finally, some strong national level evaluations of the major funded programs and, especially, of promising innovative programs among them.

Clearly, we think there is a need for more concentrated attention and careful study than have been devoted to this absolutely critical area in the past and we are optimistic that this is the right time for such an endeavor, not only because we must learn more than we currently know, obviously, but also because State level and

other drug education officials seem ready to bend their efforts to the task as well.

I have noted some of the statements today and I believe that many people are ready to begin looking at this again. So, we think the response now to an effort at improved evaluation would be favorably received at almost every level.

That concludes my remarks, Mr. Chairman. I would be happy to answer any questions the committee may have.

[The prepared statement of Eleanor Chelimsky follows:]

Statement of Eleanor Chelimsky

Mr. Chairman and Members of the Subcommittee:

I am pleased to be here today to provide updated information on the state of program evaluation in the field of drug education for youth. Your invitation asked us to review developments since our earlier reports, specifically on the role of evaluation

-- in the Department of Education's program of grants to states and local school districts under the Drug-Free Schools and Communities Act (DFSCA) of 1986, as amended,
-- in the department's Drug-Free School Recognition Program, and
-- in other, promising, comprehensive community-based programs.

To prepare this testimony, we gathered new information from the Department of Education. We interviewed officials and reviewed documents such as states' biennial DFSCA progress reports, application forms and reviewer resumes in the Recognition Program, and contractor evaluation reports.

In summary, we found slow progress in establishing the results of sizable federal funding, or more generally, in learning what works in the field of drug abuse prevention for youth. I will amplify this observation as I address each of the three areas you asked about in turn.

EVALUATION OF SCHOOLS' ACTIVITIES UNDER DFSCA

The 1989 amendments to the act required states to evaluate the effectiveness of local district programs and also required districts to report to the state on the method used to evaluate their own efforts and the results of such evaluation.[1]

Our Earlier Findings on Evaluation

In a 1990 evaluation, we reviewed what school districts were doing under the act in 1988-89 and concluded that little was known at the local, state, or national level about what approach works best or how effectively the various programs and curricula

[1]Funds are distributed annually to the states via the state education agency (SEA) and the governor's office. Ninety percent of funds allotted to the SEA under the act are to be further distributed by a formula to local school districts (and also intermediate educational agencies or consortia of districts). The SEAs and governors' offices may use the funds for a variety of authorized activities.

reduce or prevent drug and alcohol use among students.[2] For example, the six big school districts we visited had not determined the effectiveness of their DFSCA programs.

In our report, we quoted the predictions of department and school district officials that good evaluation was so difficult and costly that, in response to the strengthened evaluation requirements in the law, states would use readily available but weak indicators of student drug use, such as number of drug-related arrests, referrals, or school suspensions. Also, officials in the states and districts we visited planned to continue to report results in terms of numbers of participants or their opinions without assessing behavior. Our 1990 report noted that some gains in knowledge might be expected in the future from a number of evaluation-related activities sponsored by the department, including:

-- contracting for a study of successful programs,

-- contracting for a longitudinal study of the effectiveness of funded projects, and

-- preparing a handbook to give guidance on evaluation to state and local drug education projects.

Department Contractor Findings on Evaluation

Also several years ago, a contractor examined evaluation at the state and local level, among other activities under DFSCA, from the passage of the act in 1986 through 1988-89. The contractor reported little activity, and what little there was centered on process and implementation, not results. The contractor also reported that staff in local programs at that time recognized the need for evaluation and wanted more direction about how to do it. The contractor recommended that the SEAs' and governors' programs use a substantial portion of their administrative funds under the act to strengthen monitoring, technical assistance, and evaluation, and that the department provide guidance to grantees on evaluation activities suited to different levels of resources.[3]

Activity and Progress Since the Earlier Reports

Little progress has occurred in every respect. None of the

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[2]Drug Education: School-Based Programs Seen as Useful but Impact Unknown (GAO/HRD-91-27, November 28, 1990).

[3]A Study of the Drug-Free Schools and Communities Act, Report on State and Local Programs: Executive Summary (Washington, D.C.: U.S. Department of Education, January 1992), pp. E-21, E-26.

activities mentioned in our earlier report has produced any results as yet. The study of successful programs yielded no empirical findings the department could publish, and the effectiveness study is years away from reporting results (due in late 1995). The evaluation handbook has still not been issued. The department has not taken any significant action on either of the recommendations made by the contractor.[4] Regional centers authorized under the act to provide training to schools and others working on prevention have offered workshops and consulted with projects on evaluation, but the department could not identify any guidance making that topic a priority.

We looked to see if anything had changed in state and local evaluation owing to the increased requirements in the 1989 amendments. We first asked the department what they had learned from the evaluation data in the states' biennial reports. Officials said there were not enough staff with time to read them, and in any case, they had little incentive to consider the information, as they lack authority to deny funding based on any shortcomings of either reporting or performance. The department contracted with an outside firm to read the states' reports but will not get a summary or analysis until late this year, more than a year after the reports arrived in Washington.

We therefore read some of the most recent reports ourselves, to see what states reported now that evaluation is required. We read reports submitted in 1992, covering 1989-91, from 10 states

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[4]The department has generally given very little guidance on evaluation. The department has not issued regulations for DFSCA programs, but it has addressed how much evaluation is enough each year. Nonregulatory guidance issued in lieu of regulations on December 11, 1992, included a question about how a state should fulfill its annual evaluation responsibility. The department answered that states "must evaluate a significant number of programs each year" so that after 2 years the state "must have evaluated the effectiveness of all...." The department gave no further guidance as to what would be a satisfactory evaluation.

Department officials gave as one reason for not offering more guidance to DFSCA programs about evaluation design or outcome measures that the statute uses only the single word "effectiveness" without elaboration. The statute does not, however, prohibit the department from suggesting alternatives for evaluating effectiveness.

chosen at random.[5]

We found the same weaknesses in study design and data that observers saw in past years. Of the 10 states, only 3 reported that they evaluated local programs' effectiveness, and their methods were not strong.[6] In addition, three states said that local districts had evaluated program effectiveness, but methods again were weak in two of these three. The states' biennial reports of their own evaluations of projects under the governors' segment of DFSCA showed somewhat more activity (with five states reporting completing effectiveness studies in the period 1989-91). But we judged the methods here weak again; no report described effective programs based on sound data. All 10 of the states reported they had done statewide surveys of youth drug use. Some claimed they drew conclusions about the impact of programs from these survey findings of declining drug use rates--a design or approach we judge unsound chiefly because so many factors other than the programs can affect an entire state's aggregate youth drug use rates.

Conclusions and Observations

The scale of federal investment--$1.5 billion in the last 3 years alone for the SEA and governors' programs--requires better progress in evaluation than we have observed. Seven of the 10 state reports we reviewed listed no evaluation of local programs in the 2-year period. Where we saw some evaluation, the methods used were weak, producing little reliable information. For its

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[5]The 10 states we reviewed had collectively received $170.3 million for SEA and local school district activity under DFSCA in fiscal years 1990 and 1991, the period covered by the reports we reviewed. This is about 23 percent of the total allocated to all states for these purposes (i.e. excluding the governors' funds). The largest state we examined had received $76.8 million in those 2 years; the smallest, $3.7 million.

[6]The evaluation methods reported by these three states were: state agency staff observing during visits; interviewing and surveying of school administrators; collecting student opinions in focus groups; and tallying local reports of objectives achieved.

part, the department has virtually ignored this shortfall.[7]

The fundamental barrier to more and better evaluation is the fact that funds are mostly allocated by formula--without any need to know what works. Arguably such a funding scheme, up to now, was needed to support building a broad base of capability (through purchase of materials, training, and so on). But now may be the time for a new approach that includes more deliberate targeting.[8] Thus, the Congress could split the allocation of funds. Part of the funds would flow, as before, by formula to states and districts (that would allow continuation of some level of activity everywhere). The remainder would be awarded upon evidence of continuing need and of increasing targeting of resources on programs of proven effectiveness. The statute could direct that states award funds for local school districts in a parallel fashion, with a base amount for ongoing activity and a discretionary amount based on need, plans, and results. Use of evaluation data would thus be necessary within regular decisions at every level. The incentive is small for improving evaluation quantity or quality when it is not tied to the receipt of funds but is seen as serving only to meet a federal requirement.

In addition, the Congress could change the statute to give

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[7]Department officials repeated to us their view (stated originally at the time of our 1990 report cited above) that local prevention program evaluation is extremely difficult. We continue to disagree. Evaluations need not involve sophisticated details such as random assignment of students or elaborate measurements. We think it is not beyond the resources of many schools, for example, to take careful measures of what services students received, together with assessment of whether the intended results were achieved (effects on knowledge, attitudes, or behaviors other than drug use). Comparison is crucial as well, and can be done in many ways including repeated measures on those involved, as well as comparison to students not involved or past trends. The Department of Health and Human Services (HHS) has published a useful step-by-step guide showing the feasibility of local evaluation, Prevention Plus III: Assessing Alcohol and Other Drug Prevention Programs at the School and Community Level (Washington, D.C.: HHS, 1991). The guide was drawn from materials originally prepared by one of the Department of Education's regional centers.

[8]Responsible officials of the Department of Education provided comments on the preliminary findings and conclusions from the new data-gathering reported throughout this statement. We incorporated their comments where appropriate. The officials declined to comment on the alternative funding approach suggested below until the department's reauthorization proposal is submitted.

priority to evaluation among the activities authorized for states' administrative funds from the act, and to add evaluation training and assistance as a priority among the tasks of the regional centers.

The national evaluation already under way by the Department of Education is a good start, but much more could be done to strengthen evaluation even with no change in law. The fact that the law mentions only the one word "effectiveness" in describing the nature of the required evaluation allows the department to encourage a wide range of measures of effectiveness to be used. And targeted attention to a few key areas could pay off, also. Three states account for 25 percent of DFSCA state grant funds and seven states for 42 percent, so much could be learned by improved evaluation in those states alone.

EVALUATION IN THE DRUG-FREE SCHOOL RECOGNITION PROGRAM

The picture is brighter here, as the department has been more active in directing the evaluation approach used in giving out these national citations of merit and has taken a number of important steps to respond to our critique of past methods.[6]

How the Program Works

The Recognition Program was established by the department in 1987 to demonstrate, by example, the creation of safe, disciplined, and drug-free schools and to offer models from which others could learn. Public and private elementary and secondary schools are eligible, but must be nominated through a state education agency or any of several other specific sources designated by the department. Panels of teachers, parents, law enforcement officials, evaluation and research experts, and community organization members review applications, visit the top-ranked schools to check their claims in the application, and make final recommendations to the Secretary. The department awards no funds to the winners, only praise and publicity. (Recognized schools are invited to showcase their activities in regional and national meetings for the benefit of others, and the department puts out publications on the models.)

Our Earlier Review of the Recognition Process

After we examined in 1991 how the department evaluated applicants for recognition, we made a number of recommendations. One was to eliminate a policy that restricted the types of programs eligible, another was to widen the nomination process.

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[6]Drug Abuse Prevention: Federal Efforts to Identify Exemplary Programs Need Stronger Design (GAO/PEMD-91-15, August 22, 1991).

We also recommended adding reviewers with research and evaluation qualifications, clarifying the criteria and data to be used to evaluate programs, and eliminating some questionable steps in the decision-making process.

Most important, we found the department did not require that effectiveness be demonstrated, and we recommended that that be an unambiguous criterion. Under the past procedure, the public and educators interested in what works could not be assured that recognized programs did indeed cause valued outcomes.

Progress Since Our Report

The department has continued the program since our review of the 1989-90 cycle, completing two more cycles and awarding 126 recognitions among 313 nominees; the 6th cycle is under way now, with 144 nominees from 32 states. We wanted to see if we could have any more confidence that--as a result of improved evaluation--this year's awards will truly signify programs that not only made a good effort but also had beneficial effects that would not have happened otherwise.

In brief, the chances of that are better, and the results are promising. The department has made significant progress correcting the problems we identified in its evaluation approach.[10] First, the application package has been revised. A school that wants to be recognized is on notice that a review criterion will be "documented evidence that it is making progress in reducing" drug use and incidents of violence and disruptive behavior. The applicant must address this criterion by answering a question about the "concrete evidence that your program is effective" and must discuss the "evaluation design, data collection instruments, and empirical indicators of success."

Second, department officials told us they have added to each review panel an individual with training or experience in social science research or evaluation, as we recommended. We reviewed the resumes of the 10 individuals involved in the current cycle. Only 1 of the 10 lacked relevant capabilities (academic degrees or experience) for judging empirical evidence of effectiveness.

Two of our staff independently reviewed the evaluation section of five applications in the current cycle without knowing the review panels' decisions whether or not to proceed with a site visit. These two reached complete agreement, which suggests

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[10]Other areas have shown mixed progress on our recommendations. Nominations are more broadly and systematically sought and the separate Steering Committee that acted (without any additional evaluation information) as a second review panel, has been eliminated. The eligibility policy, however, is unchanged.

that at least the process yields interpretable evidence. We agreed that three applicants had enough evaluation evidence to warrant the next step of review, while two did not. We then confirmed that our views aligned in all five cases with those of the panel. Of course, we did not have the resources to review a large enough group of applications to reach general conclusions about the current review process, but the trends are promising in the gathering and use of evaluation data. We have no additional suggestions for improved evaluation to make at this time.

EVALUATION OF COMPREHENSIVE COMMUNITY-BASED PREVENTION PROGRAMS

At your request, we studied these programs for early adolescents in 1990, using both a national survey of 138 programs reported to be exemplary and observations of 10 of them.[11] We hoped to find effective models of this type of program, since the approach is widely advocated. General features that distinguish this approach to prevention include addressing multiple dimensions of youths' lives (family, peer group, school, and community) and using a variety of services. The wide public interest in such programs is suggested by the demand for our report; it was one of the top 10 "best sellers" among all GAO's reports in 1992.

Our Earlier Findings on These Programs

As you recall, we called some of the programs "promising," since they appeared, on interim measures such as participants' involvement and program completion rates, to be doing well in achieving preconditions of long-term impact. This allowed us to note six features of those programs that deserved the attention of others designing drug abuse prevention efforts. But we found the programs rarely conducted evaluations that would be necessary to show whether or not they were effective in reducing or preventing alcohol and drug use. This lack of evidence, we believe, has hindered the programs' own development and refinement, slowed the overall development of the field, and--since the information gap persists--limited the information we have today to aid the Subcommittee in considering authorizations for different types of prevention efforts.

About three quarters of the programs of this type that we surveyed received federal funds, so we noted a potential federal role in strengthening evaluation. We specifically recommended that the Department of Education finish the evaluation handbook

[11] Adolescent Drug Use Prevention: Common Features of Promising Community Programs (GAO/PEMD-92-2, January 16, 1992).

for DFSCA grantees discussed above.[12]

More generally, our report raised for congressional consideration the reluctance of programs to spend scarce service funds on evaluation, and we suggested that if the Congress wants to learn more about the effectiveness of such efforts, special funds might be set aside for national evaluations.

Further Progress in Learning What Works in This Type of Program

Unfortunately, here again we cannot report much progress in the growth of our understanding about the effectiveness of these programs. Some new information on community-based programs generally will come from a section of the department's DFSCA outcomes study. The contractor is collecting data over time on the outcomes of 10 such programs funded under the governors' section of the act. Two of our staff independently examined the selected programs and agreed that three programs were somewhat similar to those we studied in that they were targeted to youth, comprehensive, and community-based. Results of this study will not be ready until 1995.[13]

We also reviewed the evaluation section of 10 state biennial progress reports on governors' programs to see if projects in the "high-risk youth" funding category had been the subject of any of the modest evaluation activity we reported above. As noted, only half the states said they had completed effectiveness evaluations of any activity under the governor's funding. Of those, one state reported contracting for a study of high-risk youth projects, but gave no results; the others reported no pertinent evaluations.

Conclusion and Observation

Again, the department has provided little guidance that would help these especially complicated programs do affordable evaluation, although there may be modest progress once that

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[12]The handbook would help some of the kinds of programs we studied, as they can be DFSCA grantees under the governors' program where part of the funds must be used for "innovative community-based programs of coordinated services for high-risk youth." The Office of Substance Abuse Prevention, now called the Center for Substance Abuse Prevention, in the Department of Health and Human Services also sponsored such projects at the time of our review and had relevant evaluation materials under development.

[13]The Robert Wood Johnson Foundation is supporting a national study of comprehensive prevention programs.

guidance (the handbook) is produced. Only modest funding is potentially available, however, for community programs for high-risk youth in the governors' part of the act, which suggests this group of funded programs may never be the basis for learning a great deal about such programs. Thus, we conclude that for the Congress to know more about the effects of such programs, a national study will need to be requested, or even mandated, since it appears none will happen otherwise. Whatever department is tasked with the work (Education or HHS), other departments and agencies funding relevant projects should also be required to be involved. These programs cross many lines.

CONCLUDING OBSERVATION

In sum, we think this field clearly faces two major challenges of evaluation method and capacity: (1) determining the results of prevention programs, and (2) stimulating evaluation by state and local agencies. These two are always hard to do, and progress has been limited. One can still be optimistic, however, about effective prevention, even in the face of this lack of evidence. We have found promising efforts; others have successfully met the evaluative challenge; and with so much programmatic activity, it seems reasonable to believe that there are effective efforts in schools and communities to be measured, understood, and replicated. Progress in evaluation is essential, and it is certainly more difficult when a funding agency gives scant guidance. Yet major funding needs to rest on evidence of impact.

Mr. Chairman, this concludes my statement. I will be happy to answer any questions you may have.

(973773)

Chairman OWENS. Thank you. Mr. Lloyd Johnston.

Mr. JOHNSTON. Thank you, Mr. Chairman, members of the committee. Good morning. I am pleased to have this opportunity to talk to you about an issue of great professional and personal concern to me, which is drug abuse among our young people.

I am a research scientist and program director at the University of Michigan's Institute for Social Research, where I have directed national surveys of American young people for the last 20 years to look at the extent to which they are using drugs and alcohol and tobacco; how that is changing, and to try to give us some insight into why and how it is changing.

I have also had the opportunity to serve on a few policy advisory groups in this area. Probably of most relevance here was the National Commission for Drug Free Schools. I currently sit on two committees involved in education goal six, which has been referred to here.

I have written remarks which are more extensive than I will possibly be able to cover in my 5 minutes now, so I refer you to them. I try there to give an outline of the current drug situation and how it has been changing; an assessment of the importance of demand reduction, and all of what is in this bill fits into the strategy of demand reduction in bringing about the progress that we have had and any progress that we are ever likely to have in controlling drug use; and, finally, and this I will probably get the least time to talk to, consideration of some ways in which I think the moneys authorized under the bill might be more effectively and efficiently used.

First let me say that judging by the level of attention that has been given to the Nation's drug abuse problem by the media and by political leaders in the past 2 years, one might come to the conclusion that the problem has gone away in this country. I watch rather carefully the media coverage of this issue and this has been one of those periods with sort of a black hole. The issue has just kind of disappeared.

In this I guess I could say it has both literally and figuratively fallen off the screen. This is of great concern to those of us who work in the drug area because we realize that just as drug dependence is considered a chronic and relapsing disease for an individual, the drug abuse problem is a chronic and relapsing problem for any society and, most particularly, this one, which has experienced a greater epidemic than I think any society in history.

And to the extent that we take our eye off of this issue, to the extent we fail to continue to attend to it, then I think we have created the situation in which relapse is likely; indeed, the similar indication that it may be beginning to occur.

Now, certainly some very significant progress has been made in the United States in what has been a 25-year epidemic. In the past 5 to 10 years, we have seen a considerable drop in the proportion of American young people who are willing to use illicit drugs, who are willing to use particular illicit drugs.

But, nevertheless, as the Chairman mentioned in his opening statement, we have probably the highest level of drug use of any country in the world. I consult for many other countries in this area. I see all the statistics that exist and no other country even

begins to approach us in the proportion of their young people involved with illicit drugs, and that still is true despite our progress.

Also, our levels remain disturbingly high by long-term historical standards in this country. I don't think there has ever been a period where we have had as many of our young people involved with drugs.

I don't have time to give you many statistics, but let me just mention a couple of the most impressive. By the time American young people are in their late twenties today, about three-quarters of them have tried an illegal drug, about half of them have gone beyond marijuana to use some other drug like cocaine or amphetamines or heroin or whatever.

By age 27, some 30 percent of our population have actually gone on to use cocaine, a particularly dangerous and dependence-producing drug. Smaller numbers have gone on to use crack and so forth.

Binge drinking is still very high among young Americans, although we have seen some progress, and some of that is due to the change in the drinking age law.

Cigarette smoking is not only high, it hasn't improved very much for about 8 or 10 years among young people. The implications of that for their long-term health and survival and for the medical care costs of the entire Nation can't be underestimated.

Further, there is some evidence now that LSD and, perhaps, inhalants threaten to make somewhat of a resurgence.

So the overall statistics are impressive and there are a lot more in my testimony. I refer you to them, including some charts of the progress we have made.

When we looked at children as young as eighth grade, which in recent years we have been able to do, we still see large numbers of them using, at the tender age of 13, a number of what are called gateway drugs, the ones which are the earliest in the sequence of involvement. These include drugs like cigarettes, alcohol, marijuana and inhalants, which are quite widely used among young children.

So, clearly, the drug abuse problem among American young people has not gone away, only the public attention which has been paid to it.

I suppose this is understandable because we, as a Nation, don't like to have problems linger. We like to solve problems that we have. This one has gone on for a seemingly interminable 25 years, but I think what we have to come to realize is that this is a chronic situation. All societies have drug abuse problems but they almost never completely wipe them out, so we are really talking about the degree to which we contain them.

The second major point that I want to get to very briefly is what we have learned about what seems to drive these epidemics. I think we have learned quite a bit from the experience of the last 10 or 15 years about what is important in changing the behavior of young people with regard to drugs.

Certainly, one of the most important, perhaps the central issue, has been the degree to which they come to see drugs as dangerous for them. It's a simple self-preservation kind of motivation. It's not because they are illegal, it's not because they think they are going to get caught and put in jail; for the most part, it's because they

think if they use the drug it is going to hurt them physically or psychologically.

And, as we have seen, a substantial change in the proportion of young people who see drugs like marijuana or cocaine as dangerous, we have seen a substantial change in the number who are willing to use them. More people quit, more people refuse to begin.

As this happens, we also see a concurrent shift in the peer norms and the disapproval of use, and these help to reinforce the trends.

One of the things that clearly happened in the early days of the American drug epidemic is that a major age segment in our population came to accept drug use and changed the norms about its use. They were counter to the predominant norms in the society and one of the ways we get that back is for them to realize that these drugs are dangerous.

What we also have learned is that our attempts at reducing supply, which has been the predominant Federal strategy for 15 or 20 years, have for the most part been unsuccessful. Most of these youngsters say they can get the drugs if they want them. The proportion who say they can has not gone down in the case of marijuana. It has actually climbed in the case of cocaine.

Clearly, a lack of availability has not explained the downturns in use and you will see some charts in my testimony that help to demonstrate that.

What has brought about these changes in attitudes and beliefs? I think the learning takes place at two levels: informal level and formal level. Formal level is the kind of programs that Congress and people in States and communities put into place that are intended to change attitudes, beliefs, practices.

The informal level is the kind of learning that simply occurs anyway. I think there is a certain natural correction cycle in drug epidemics where people eventually come to realize that these drugs are dangerous because they see other people around them falling down. They see it in their own experience sometimes, let's say with LSD or marijuana. They see it among their friends if there are enough people using. They see it among public role models through the media.

What has happened with the kind of progress that we have had is that the opportunity for this informal learning has declined and so young children who are growing up today and didn't grow up in the heyday of the drug epidemic don't have as much chance for the informal learning because they don't see as many instances of people getting into trouble with drugs. There are fewer around them who are using.

And that means the only way they have left to learn about the dangers of drugs and to keep the norms about drugs in a restraining position is through the formal programs, including not only what the government does but, for example, the national media partnership which I think is an intentional formal program which contributes to this.

But, of course, the other dynamic and natural correction that occurs as the problem seems to be subsiding, is that public interest, concern, and monetary attention begin to drop.

And so, in a sense, what I am trying to say here is that I think we have to be forewarned that to the extent we move away from

this and alleviate these kinds of formal programs, we have really set the base for new epidemics among our youngest most vulnerable and most naive children.

I will have more data on this in a couple of weeks because we will be doing a national press release. I am afraid I am not able to share with you those data today but they will, I think, help to accentuate the point I just made.

Finally, I think that as Ms. Chelimsky just said, there is a very important need for an increased knowledge base to guide the kinds of formal programs that are funded under a bill such as this and I am very much in support of continuation of this work.

Whether it is schools or communities, they, for the most part, are not experts in these kinds of things and they have to look to see what is on the smorgasbord, what programs and activities they should pick up.

And they don't have a lot of very good guidance in that. I have no doubt that many of those programs are good and many are uniquely developed in a particular community or school; however, they need models very badly and they need good research and good programmatic development that takes years to occur.

I think the Federal Government has not organized the task very well, for some historical reasons that I refer to in my testimony. There is a great need, and I think to the extent we can improve the models available for curriculum in student assistance, for policies in the schools, and for organizing task forces in the community and suggesting activities to them, we will see a lot more bang for the buck in terms of what we get.

It is the kind of investment in the knowledge base that I think is very sorely needed. I wish it had come maybe 10 or 15 years earlier, but it's still not too late.

Thank you very much.

[The prepared statement of Lloyd Johnson follows:]

LLOYD D. JOHNSTON, Ph.D.

Mr. Chairman and members of the Committee, I appreciate having the opportunity to present testimony on the reauthorization of the Drug Free Schools and Communities Act. My name is Lloyd Johnston and I am a Program Director and Research Scientist at the University of Michigan's Institute for Social Research, where for some 20 years I have been conducting national surveys of American secondary school students, college students, and young adults in their twenties. The focus of these studies, which have been funded primarily by the National Institute for Drug Abuse, is to measure accurately the levels and trends in drug use, smoking, and drinking by the nation's young people and to explain the changes taking place in their use of these drugs. In recent years, I have had the additional privilege of serving as a Presidential appointee on the White House Conference for a Drug-Free America, as a member of the National Commission for Drug-Free Schools, and as a member of the National Advisory Council on Drug Abuse. From time to time, I also have served as an advisor to a number of international organizations working in the drug field and to about a dozen foreign governments.

My remarks today may be categorized into the following three areas: (1) an overview of the current drug use situation among young Americans, (2) an assessment of the importance of demand reduction activities to the progress we have made and to any progress we are likely to make in the future, and (3) a consideration of ways in which the monies authorized in the present bill might be utilized more effectively.

The Current Drug Use Situation

Judging by the level of attention given to the nation's drug abuse problem by the nation's press and its political leaders lately, one might easily conclude that there is no longer a drug

abuse problem in America. The issue, which for much of the last twenty years has been considered the nation's top one or two domestic problems, has figuratively and literally "fallen off the screen." This is a cause of great concern for those of use who are knowledgeable about the problem, for we realize that just as drug dependence is considered a chronic, relapsing disease for the individual, the drug abuse problem is a chronic, relapsing problem for society. To the extent we deny it, and fail to attend to it, we are setting the stage for a significant relapse.

There are no easy or quick answers, as we have seen from the nation's struggle for nearly 25 years with the current drug epidemic. We have responded by trying to control the supply of drugs, a strategy which has proven quite ineffective, as I will discuss below. Meanwhile new drugs come onto the scene and old ones are "rediscovered" by young people.

Certainly significant progress has been made in reducing the proportions of young Americans who use any illicit drugs and who use specific drugs. Progress also has been made in reducing the proportion of young Americans who drink alcohol and who drink large quantities of alcohol on occasion. (See Figures 1 and 2 and Table 1, all of which are excerpted from Johnston, O'Malley, & Bachman, 1992 [1].) Nevertheless, the levels of illicit drug use among American young people remain disturbingly high by long-term historical standards in this country, and higher than I have seen documented in any other country in the world in recent times. Consider the following facts:

- By their late twenties, about 75% of today's young adults have tried an ***illicit drug***, including about 50% who have tried some ***illicit drug other***

than (usually in addition to) ***marijuana***. Even for high school seniors these proportions stand at 44% and 27%, respectively.

- By age 27, 30% have tried ***cocaine***; as early as the senior year of high school 8% have done so. Roughly one in every thirty seniors (3.1%) have tried ***crack***: in the young adult sample 5.3% have tried it.
- Some 2.0% of 1991 high school seniors smoked ***marijuana daily***, and roughly the same proportion (2.3%) of young adults aged 19 to 28 did, as well. Among all seniors in 1991, 9% had been daily marijuana smokers at some time for at least a month, and among young adults the comparable figure was 16%.
- Some 30% of seniors had ***five or more drinks in a row*** at least once in the prior two weeks, and such behavior tends to increase among young adults one to four years past high school. The prevalence of such behavior among male college students reached 52%.
- Some 28% of seniors smoked ***cigarettes*** in the month prior to the 1991 survey and 19% already are daily smokers. In addition, many of the lighter smokers will convert to heavy smoking after high school. For example, more than one in every five young adults aged 19 to 28 is a daily smoker (22%).

Consider also the level of problems remaining among eighth graders in America. The following data were obtained from surveys of eighth graders in 1991 and are contained in Table 4.

- By eighth grade, which corresponds to a modal age of 13, 70% of youngsters report having tried ***alcohol*** and more than a quarter (27%) say they have already been drunk at least once.
- ***Cigarettes*** have been tried by nearly half of eighth graders (44%) and 14%, or one in seven, say they have smoked in the prior month. Only 53% say they think there is great risk associated with being a pack-a-day smoker.
- ***Inhalants*** are used by more than one in every six eighth graders (18%) and 4.4% say they have used in the past month. This is the only class of drugs for which use is substantially higher in eighth grade than in tenth or twelfth grade.
- ***Marijuana*** has been tried by one in every ten eighth graders (10%) but has been used in the prior month by only 3%. Some 42% of eighth graders see great risk associated with even trying marijuana.
- A surprisingly large number of eighth graders say they have tried prescription-type ***stimulants*** (10.5%), though only 2.6% say they have used in the prior 30 days.
- For the other illicit drugs the prevalence rates are lower. Still, the lifetime prevalence rates in 1991 were: 3.8% for ***tranquilizers***, 3.2% for ***hallucinogens***, 2.3% for ***cocaine***, 1.3% for ***crack cocaine*** specifically, and 1.2% for ***heroin***. Some 1.9% indicated that they had tried ***steroids***; 3% of the eighth grade boys reported such use.

- The large numbers who have already begun use of the so-called "gateway drugs" (cigarettes, alcohol, and marijuana) suggest that a substantial number of eighth grade students are already at risk of proceeding further along the fairly orderly progression of involvement.

Clearly, the drug abuse problem among American young people has not gone away, rather public attention to it has disappeared. This is perhaps understandable in that we Americans want problems solved and solved quickly, and this one has lingered on for a seemingly interminable 25 years. (Further, some new and urgent issues have come onto the nation's agenda.) But wishing it away does not solve it, as we all know; it simply creates the danger that while it is out of the public's attention a new epidemic, or perhaps the resurgence of an old one, will occur.

Allow me to move on to my second major point-an analysis of the causes of the improvements we have had-in order to clarify my concern about resurgence, and to support my characterization of the society's drug abuse problem as a chronic, relapsing problem.

Causes of the Improvements

Perhaps the two most important downturns in the widespread use of illicit drugs have occurred for marijuana and cocaine. Findings from our own studies provide strong evidence that these declines occurred primarily because young people became more and more convinced of the hazards these drugs pose for the user, particularly in terms of hazards to their physical and mental health. Figure 3 and 4 show how the perceived risks of marijuana and cocaine inversely track actual use over time, as measured among successive classes of American high

school seniors. Not shown in these figures is the fact that personal disapproval, as well as peer disapproval, move in, parallel with the level of perceived risk and also contribute to the down turns. My own interpretation is that the perceived riskiness of a drug is an important determinant of an individual's disapproval of using it, and eventually of peer disapproval-this perceived risk is the prime cause of these downturns in use. Regardless of the exact connection between perceived risk and personal and peer disapproval, it is clear that these factors in combination have played a central role in the downturn in marijuana and cocaine and, further, that a reduction in availability (also charted in Figures 3 and 4) played little or no role. Put another way, it is the forces of demand reduction, not supply reduction, which have created the major successes we have seen in the country's efforts to reduce drug abuse. (For a more complete presentation of the evidence in support of these contentions see references 1, 2, 3, and 4.)

Young people can come to appreciate the hazards of a drug through a variety of means, as I have elaborated elsewhere [5], and not all of these means are the result of planful policies and programs. They learn from their own experiences, as well as vicariously from the experiences others in their own peer group and from more distant others in the society via the media. I think these learning experiences can be very important, but when an epidemic begins to decline, such direct and vicarious learning experiences becomes more scarce. This applies particularly to new birth cohorts of youngsters who did not grow up in the heyday of the drug epidemic and thus did not know about Jimi Hendrix, Janis Joplin, John Belushi, Len Bias, Don Rogers, Lyle Alzado, and so on; and who, therefore, did not have the opportunity to learn from their tragic experiences.

This brings us to the importance-indeed the increasing importance-of the *systematic* programs and policies we have to teach young people about the dangers of drugs, and in the process, help to keep drugs unacceptable among their peers. There are school components (including not only curriculum, but policies and student assistance programs, as well), community agency programs, integrated community-based programs, media campaigns, etc. Undoubtedly, all of these already have contributed to the decline in the demand for drugs among young people to date, along with the informal learning processes I have just mentioned. But as the informal learning processes slacken off, as they inevitably do during the decline phase of an epidemic, the need for more intentional, formalized, programmatic influences and learning processes grows.

This is the situation in which we find ourselves today. In-school programs and community based efforts are all the more important if we are to keep the demand for illicit drugs among our children under control. Remember, certain presenting conditions have changed in a way which an unlikely to be reversed in the foreseeable future: American young people have become aware of a wide array of chemical substances that can be used to alter mood and consciousness, and a far-flung network of self-perpetuating distribution systems has emerged to meet the demand of the last 25 years. We are unlikely to revert to a more naive and safer time, like the forties and fifties, any time soon. Therefore, we must be certain that countervailing forces remain in place and active in the face of widespread awareness of, interest in, and availability of drugs. The systematic programs of the type contained in the present bill comprise important instances of such countervailing forces.

The need remains very great, and I strongly recommend a continuation of activities supported under The Drug-Free Schools and Communities Act. If anything, the resources allocated by the nation to these activities should be increased as the resources allocated to the supply reduction strategies are trimmed back. (While treatment is not addressed in this bill, it is another important part of the national demand reduction effort, and should receive substantial increases in funding, as well.)

Increasing the Payoff from the Activities Supported under the Bill

While the general activities supported under The Drug-Free Schools and Communities Act should be continued, I think that there remains an urgent need to increase the effectiveness with which they are carried out. At present schools and communities proceed by selecting among a smorgasbord of ideas for how best to reduce drug use in their populations of relevance. But the task is a difficult one and the knowledge base which has been developed to help them make good choices is less than it should be. This is true partly because not enough money and effort has gone into systematic research in prevention, partly because much of what has passed as research is really not, and partly because the research and program development missions in the Federal government have not been effectively organized and coordinated. Given the importance of the problems, the amounts allocated over the years for prevention research at NIDA and NIAAA simply have not been adequate to the task. In 1979 the Congress was about to force an increase in prevention research funds on the National Institute on Drug Abuse, but that foresighted idea unfortunately got lost in 1980 in the scramble to implement the New Federalism. In the early eighties the National Advisory Council on Drug Abuse-the citizen advisory body to the Secretary of DHHS-recommended substantially increased allocations to the

prevention research area, but the funds were never forthcoming. Large-scale evaluation experiments are expensive, but in the absence of the knowledge they provide, a great deal more money can by wasted on weak or ineffective programs.

Substantial funding was allocated to program development activities, through the creation of OSAP (now CSAP), but the work has proceeded for the most part without definitive evaluation. CSAP does not have the legislative authority to do evaluation research: NIDA and NIAAA have the authority and expertise, but not adequate funds. A larger, more integrated, and higher quality national research and development program is needed here; and, in my opinion, some innovative institutional structures to bring it about, as well. "Tack-on" research components, representing 5% of the award monies, almost never generates definitive research results, although in the aggregate they can fritter away what could have been a significant research budget for a centrally administered program. We must move away from cobbled-together research which leaves us not much more edified after it is complete than before.

One important recommendation of the national Commission for Drug-Free Schools was that all schools develop a kindergarten through grade 12 integrated drug abuse prevention curriculum. I strongly support the goal, but it is unrealistic to expect each school system or state to "invent the wheel." National models are needed, and the development of them needs to be long-term, with substantial resources brought to bear-both intellectual and financial. I believe the Federal government has an extremely important role to play, not just in developing model programs, but in developing ones which *work*. The development of a twelve- or thirteen-year, integrated curriculum with age-appropriate components, is a formidable task *if* you set out with the expectation that each of those components shall be demonstrably effective and that the

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sum of the parts will be greater than the whole. Only the Federal government is likely to develop such models.

There is a similar need in the area of community coalition formation. It is not enough to build the political will for action in a community. There is a need for effective models for organization, programs, policies, etc. The intellectual task is formidable, but certainly not unapproachable. The end product should be models of demonstrated effectiveness which can be offered to the thousands of communities who want to be effective. In the absence of a solid knowledge base for the development of programs and policies in schools and communities, hucksters of two kinds can more easily cause the funds to be expended on ineffective methods. One is the business operator who can offer slick, but untested programs and packages. The other is the idealogue who holds the revealed truth and does not need any scientific evidence that his or her favored programs work. Unfortunately, the biggest losers in these games are the children who lose the opportunity to have meaningful interventions. While the wasted program monies may be important, the opportunity cost to society of failing to effectively deter its children from drug use is the greater cost.

The idealogues sometimes reside in governor's offices and I have seen examples of them taking over the funds which were supposed to be allocated to the State Education Agency (SEA) and using them in more idcologically guided ways. This is unfortunate, so I would specifically recommend that the language of the reauthorization bill require that "the SEA administer, use, and distribute the SEA's Part B funds." This, and a number of other recommendations I consider of value are contained in a report entitled, "Recommendations of the National Drug-

Free School and Communities Act Steering Committee" by a committee advisory to the Department of Education (transmittal dated July 10, 1992).

Finally, I would like to speak to the issue of institutionalizing drug abuse prevention and control into our social institutions. If, as I have argued, substance abuse is a chronic, relapsing problem in society, then we need to institutionalize counter-forces to prevent the relapse and contain whatever outbreaks occur. In the schools, one clear mechanism for building an anti-drug component into the curriculum in a way in which it will not be "bumped" by the new societal problems-of-the-day, is to integrate it into the health curriculum. Since a concern with health effects appears to be the primary motive which keeps youngsters away from drugs in the first place, this makes the health curriculum a particularly appropriate venue for the substance abuse curriculum. If a K-12 curriculum is the goal, then "foundation issues" like decision-making, self-respect, peer resistance training, and a good healthy respect for the wonder and fragility of one's body are all necessary and appropriate parts of the foundation upon which explicitly anti-drug messages must rest. This means that drug abuse prevention curriculum components and activities need be fairly broadly defined. While I do not have the time to go at length into this issue, I do think that the boundaries between what it, and what is not, drug abuse prevention need be considered carefully and thoughtfully.

In sum, I believe the work of schools and communities is vital to reducing the drug abuse problems of our young people, and to keeping them low among new cohorts of youngsters entering the age of vulnerability. If anything, the need is greater now than earlier, when there were more opportunities for informal learning about the dangers of drugs. Nevertheless, there is plenty of room to improve systematically the programs which are made available to schools

and communities, and thus to increase both the effectiveness and the efficiency of the moneys eventually allocated under this bill.

TABLE 1
Trends in Lifetime Prevalence of Various Types of Drugs

	Percent ever used															
Approx. N =	Class of 1975 9,100	Class of 1976 15,400	Class of 1977 17,100	Class of 1978 17,800	Class of 1979 15,500	Class of 1980 15,600	Class of 1981 17,500	Class of 1982 17,700	Class of 1983 16,300	Class of 1984 15,900	Class of 1985 16,000	Class of 1986 15,200	Class of 1987 16,300	Class of 1988 16,100	Class of 1989 16,700	Class of 1990 15,200	Class of 1991 15,000	'90 - '91 change[a]
Any Illicit Drug Use[b]	55.2	58.3	61.6	64.1	65.1	65.4	66.6	65.9	64.1									
Adjusted Version[b]								64.4	62.9	61.6	60.6	57.6	56.6	53.9	50.9	47.9	44.1	-3.8***
Any Illicit Drug Other Than Marijuana	36.2	35.4	35.9	36.5	37.4	38.7	42.8	45.0	44.4									
Adjusted Version[b]								41.1	40.4	40.3	39.7	37.7	35.8	32.5	31.4	29.4	26.9	-2.5**
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.6	54.9	54.2	50.9	50.2	47.2	43.7	40.7	36.7	-4.0***
Inhalants[d]	NA	10.3	11.1	12.0	12.7	11.9	12.3	12.8	13.6	14.4	15.4	15.9	17.0	16.7	17.6	18.9	17.6	-1.3
Inhalants Adjusted[e]	*NA*	*NA*	*NA*	*NA*	*18.2*	*17.3*	*17.9*	*17.7*	*18.2*	*18.0*	*18.1*	*20.1*	*18.6*	*17.5*	*18.6*	*18.9*	*18.0*	-0.9
Amyl & Butyl Nitrites[f,g]	NA	NA	NA	NA	11.1	11.1	10.1	9.8	9.1	8.1	7.8	8.6	4.7	3.2	3.3	2.1	1.6	-0.5
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	10.7	10.3	9.7	10.3	8.9	9.4	9.4	9.6	+0.2
Hallucinogens Adjusted[h]	*NA*	*NA*	*NA*	*NA*	*17.7*	*15.6*	*15.1*	*14.1*	*13.6*	*12.3*	*12.1*	*11.9*	*10.6*	*9.2*	*9.9*	*9.7*	*10.0*	*+0.3*
LSD	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.0	8.9	8.0	7.5	7.2	8.4	7.7	8.3	8.7	8.8	+0.1
PCP[f,g]	NA	NA	NA	NA	12.8	9.0	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	3.9	3.8	2.9	-0.9
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2	12.1	10.3	9.4	7.8	-1.6**
"Crack"[i]	NA	NA	NA	NA	NA	*NA*	NA	NA	NA	NA	NA	NA	5.1	4.8	4.7	3.5	3.1	-0.4
Other cocaine[j]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	14.0	12.1	8.5	8.0	7.0	-1.0**
Heroin	2.2	1.8	1.8	1.6	1.1	1.1	1.1	1.2	1.2	1.3	1.2	1.1	1.2	1.1	1.1	1.3	0.9	-0.5*
Other opiates[k]	9.0	9.8	10.3	9.9	10.1	9.8	9.1	9.0	9.4	9.7	10.2	9.0	9.2	8.6	8.1	8.3	6.6	-1.7***
Stimulants[k]	22.3	22.6	23.0	22.9	24.2	26.4	32.2	35.6	35.4	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants Adjusted[l,k]	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*27.9*	*26.9*	*27.9*	*26.2*	*23.4*	*21.6*	*17.8*	*19.1*	*17.5*	*15.6*	-1.9*
Crystal Methamphetamine[l]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.7	3.3	+0.6
Sedatives[k,m]	18.2	17.7	17.4	16.0	14.6	14.9	16.9	15.2	13.4	13.3	11.8	10.4	8.7	7.8	7.4	7.5	6.7	-0.8
Barbiturates[k]	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.8	9.2	8.4	7.4	6.7	6.5	6.8	6.2	-0.6
Methaqualone[k,m]	8.1	7.8	8.5	7.9	8.3	9.5	10.0	10.7	10.1	8.3	8.7	5.2	4.0	3.3	2.7	2.3	1.3	-1.0*
Tranquilizers[k]	17.0	16.8	16.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	7.6	7.2	7.2	0.0
Alcohol	88.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	92.6	92.2	91.3	92.2	92.0	90.7	89.5	88.0	-1.5
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	66.4	65.7	64.4	63.1	-1.3
Steroids[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	3.0	2.9	2.1	-0.8

NOTES: Level of significance of difference between the two most recent classes: * = .05, ** = .01, *** = .001. NA indicates data not available.

[a] Use of "any illicit drugs" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (excluded since 1990), or tranquilizers not under a doctor's orders.

[b] Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

[c] Use of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (excluded since 1990), or tranquilizers not under a doctor's orders.

[d] Data based on four questionnaire forms in 1976-1988, N is four-fifths of N indicated. Data based on five questionnaire forms in 1989-1991, N is five-sixths of N indicated.

[e] Adjusted for underreporting of amyl and butyl nitrites. See text for details.

[f] Data based on a single questionnaire form; N is one-fifth of N indicated in 1979-1988 and one-sixth of N indicated in 1989-1991.

[g] Question text changed slightly in 1987.

[h] Adjusted for underreporting of PCP. See text for details.

[i] Data based on two questionnaire forms in 1987-1989; N is two-fifths of N indicated in 1987-1988 and two-sixths of N indicated in 1989. Data based on six questionnaire forms in 1990-1991.

[j] Data based on a single questionnaire form in 1987-1989, N is one-fifth of N indicated in 1987-1988 and one-sixth of N indicated in 1989. Data based on four questionnaire forms in 1990-1991, N is four-sixths of N indicated.

[k] Only drug use which was not under a doctor's orders is included here.

[l] Data based on two questionnaire forms; N is two-sixths of N indicated. Steroid data based on a single questionnaire form in 1989-1990.

[m] Data based on five questionnaire forms in 1975-1988, six questionnaire forms in 1989, and one questionnaire form in 1990-1991; N is one-sixth of N indicated in 1990-1991.

TABLE 2

A Comparison of Drug Usage Rates
Eighth, Tenth, and Twelfth Graders, 1991

	Lifetime			Annual			30-Day			Daily		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Approx. N =	17500	14800	15000	17500	14800	15000	17500	14800	15000	17500	14800	15000
Marijuana/Hashish	10.2	23.4	36.7	6.2	16.5	23.9	3.2	8.7	13.0	0.2	0.8	2.0
Inhalants[a]	17.6	15.7	17.5	9.0	7.1	6.6	4.4	2.7	2.4	0.2	0.1	0.2
Inhalants, adj.[b]	—	—	18.0	—	—	6.9	—	—	2.6	—	—	0.6
Amyl/Butyl Nitrites[c]	—	—	1.6	—	—	0.9	—	—	0.4	—	—	0.2
Hallucinogens	3.2	6.1	9.6	1.9	4.0	5.8	0.8	1.6	2.3	0.1	0.0	0.1
Hallucinogens, adj.[b]	—	—	10.0	—	—	6.1	—	—	2.4	—	—	0.1
LSD	2.7	5.6	8.6	1.7	3.7	5.2	0.6	1.5	1.9	0.0	0.0	0.1
PCP[c]	—	—	2.9	—	—	1.4	—	—	0.5	—	—	0.1
Hallucinogens Other than LSD	1.4	2.2	3.7	0.7	1.5	2.0	0.3	0.4	0.7	0.0	0.0	0.0
Cocaine	2.3	4.1	7.8	1.1	2.3	3.5	0.5	0.7	1.4	0.1	0.1	0.1
"Crack"	1.3	1.7	3.1	0.7	0.9	1.5	0.3	0.3	0.7	0.0	0.0	0.1
Other Cocaine[d]	2.0	3.8	7.0	1.0	2.1	3.2	0.5	0.6	1.3	0.0	0.0	0.1
Heroin	1.2	1.2	0.9	0.7	0.5	0.4	0.3	0.2	0.3	0.0	0.0	0.0
Other Opiates[e]	—	—	6.6	—	—	3.5	—	—	1.1	—	—	0.1
Stimulants, adj.[e,f]	10.5	13.2	18.4	6.2	8.2	9.3	2.6	3.3	3.2	0.1	0.1	0.2
Crystal Methamphetamine[d]	—	—	3.3	—	—	1.4	—	—	0.6	—	—	0.1
Sedatives[c,e]	—	—	6.7	—	—	3.6	—	—	1.5	—	—	0.1
Barbiturates[e]	—	—	6.2	—	—	3.4	—	—	1.4	—	—	0.1
Methaqualone[c,e]	—	—	1.3	—	—	0.5	—	—	0.2	—	—	0.0
Tranquilizers[e]	3.5	5.5	7.2	1.5	3.2	3.6	0.8	1.2	1.4	0.0	0.0	0.1
Alcohol												
Any use	70.1	83.5	88.0	54.0	73.3	77.7	25.1	42.5	54.0	0.5	1.5	3.5
5+ drinks in last 2 weeks	—	—	—	—	—	—	—	—	—	12.9	22.9	29.5
Cigarettes												
Any use	44.0	58.1	63.1	—	—	—	14.3	30.5	38.3	7.3	12.6	18.5
1/2pack+/day	—	—	—	—	—	—	—	—	—	3.1	6.5	10.7
Steroids[c]	1.9	1.8	2.1	1.0	1.1	1.4	0.4	0.5	0.5	0.0	0.1	0.1
Smokeless Tobacco[b]	22.2	28.2	—	—	—	—	6.9	10.0	—	—	—	—
Been Drunk[g]	28.7	53.5	65.4	17.5	40.1	52.7	7.5	20.5	31.6	0.2	0.2	0.9

[a] 12th grade only: Data based on five questionnaire forms. N is five-sixths of N indicated.

[b] 12th grade only: Adjusted for underreporting of certain drugs. See text for details.

[c] 12th grade only: Data based on one questionnaire form. N is one-sixth of N indicated.

[d] 12th grade only: Data based on four questionnaire forms. N is four-sixths of N indicated.

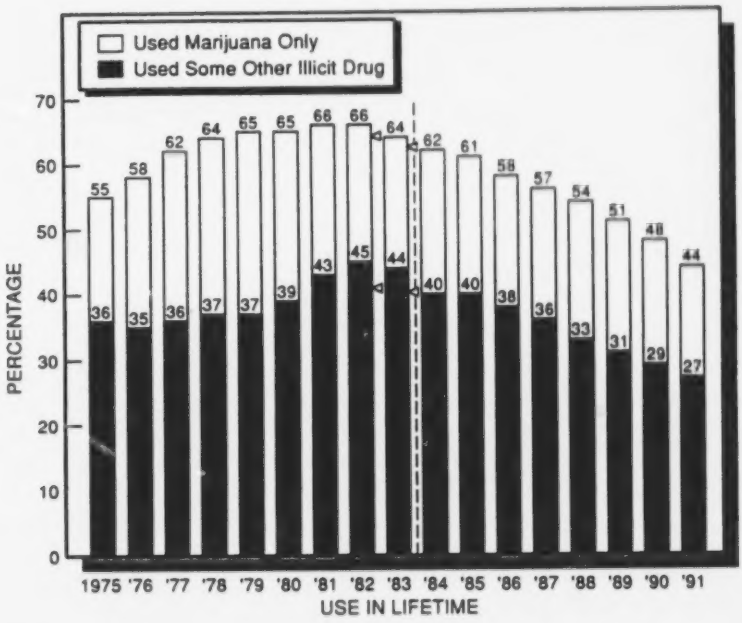
[e] 12th grade only: Only drug use which was not under a doctor's orders is included here.

[f] 12th grade only: Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

[g] 12th grade only: Data based on two questionnaire forms. N is two-sixths of N indicated.

[h] 8th and 10th grade: Data based on one questionnaire form. N is one-half of N indicated.

FIGURE 1
Trends in Lifetime Prevalence of an Illicit Drug Use Index
All Seniors



NOTES: Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

◁ shows the percentage which results if non-prescription stimulants are excluded.

The dashed vertical line indicates that after 1983 the shaded and open bars are defined by using the amphetamine questions which were revised to exclude non-presecription stimulants from the definition of "illicit drugs."

FIGURE 2

Trends in Two-Week Prevalence of Heavy Drinking Among Seniors by Sex

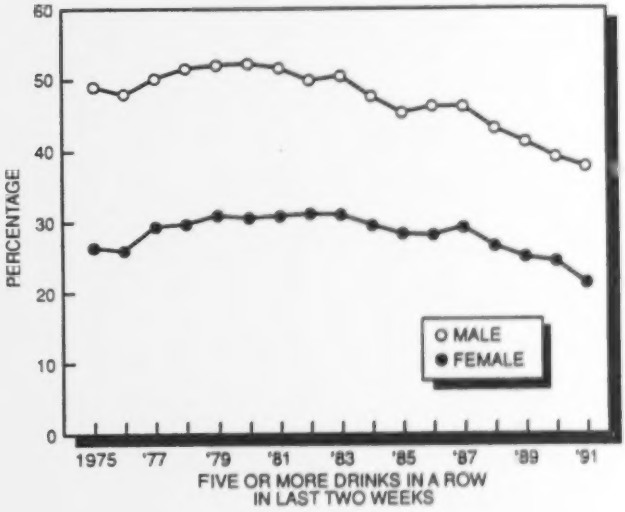


FIGURE 3
Marijuana: Trends in Perceived Availability, Perceived Risk of Regular Use, and Prevalence of Use in Past Thirty-Days
All Seniors

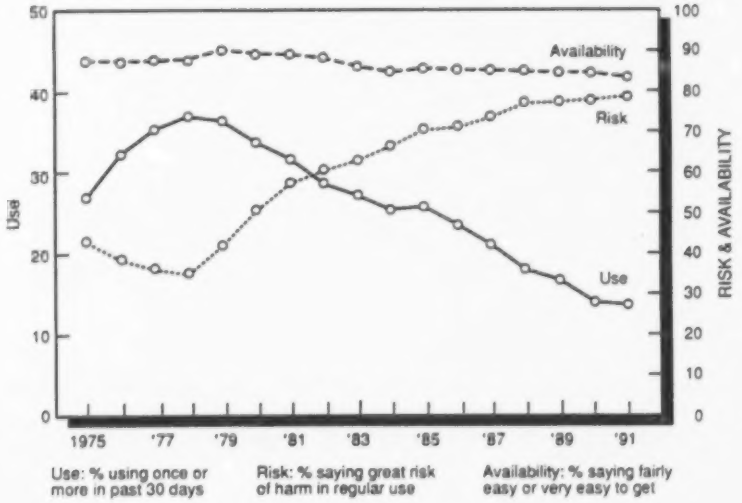
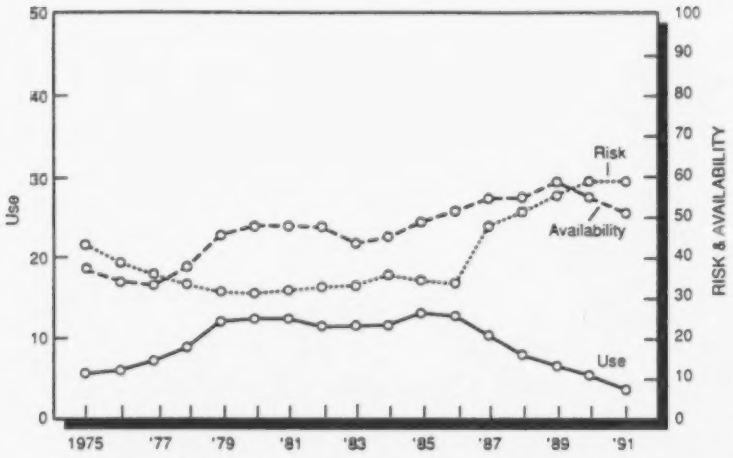


FIGURE 4

Cocaine: Trends in Perceived Availability, Perceived Risk of Trying, and Prevalence of Use in Past Year
All Seniors



Use: % using once or more in past 12 months

Risk: % saying great risk of harm in using once or twice

Availability: % saying fairly easy or very easy to get

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NOTE: All tables and figures are based on nationally representative samples of the populations in question for each year presented. These all derive from the publication in reference [1].

Chairman OWENS. Thank you. Dr. Ronald Stephens.

Mr. STEPHENS. Good morning, Mr. Chairman and committee. It is a pleasure to be here. I would just begin by saying that the National School Safety Center is a program of the U.S. Departments of Justice and Education. We have had the opportunity to work with school districts throughout the United States and during the last 30 days have had the pleasure of being in about four of the different States represented by committee members here: Nebraska, Virginia, Illinois, and North Carolina.

I think the testimony that you have heard this morning has clearly laid out many of the issues that concern all of us as we work with schools around the country. I suspect that there is probably no issue that has been more forcefully made around the country than the need for us to have safe and drug-free schools. As we look at the Gallup education poll for the last 3 years, that has been the top concern that parents and educators have.

The impact of crime and violence affects not only the kids in school but certainly the teachers as well. I think we might be surprised to see the number of our professional staff that are dropping out of school because of fear.

One teacher, for instance, in North Carolina said that her mother had offered to buy out her teaching contract if she would leave because she was concerned about her safety.

A letter that we had gotten at the center from a teacher says, "Last year I quit my particular school district in fear of my life after a loaded gun was brought to school by a fifth grader to shoot a particular teacher who had disciplined him on the yard."

So many of these things that we have discussed are not secrets to anyone in terms of what the issues and concerns are out there. I think the bottom line is if we are going to require young people to attend school we need to provide schools that are safe, secure and peaceful. There are only three categories of people that we require to be somewhere against their will: the first are prisoners and they are protected against cruel and unusual punishment; the second are the mentally insane, who have the same protection; the third are schoolkids and often we don't provide those same opportunities to that specific group.

As we look at some of the things that might be done, I think there are some great opportunities for this particular committee as the reauthorization is considered for the Drug Free Schools and Communities Act because much of the strategy and effort that have been placed into the drug-free schools movement have tremendous implications for a safe school climate.

Some of the same basic principles of the collaborative cooperative approach—something that is comprehensive, something that is systematic within the community—are extremely critical to take a look at.

There are a number of elements that I would encourage you to consider as the legislation is debated. I think one of the first things we have got to insure is that school safety is on the national agenda in terms of priorities in the schools.

The schools around the country really are crying out for some help on how to develop a comprehensive and systematic safe school plan, simply trying to identify what one is, who should be involved,

how can it be put together. These are some of the kinds of things that we need to provide for school administrators who are out there.

Second is the whole issue of mandated crime reporting. It is incredible to me that we have mandated crime reporting for colleges and universities and yet nothing for K through 12.

We know that much more crime exists on the K through 12 campus. It is incredible what those crime reporting data summaries will tell you about what is happening, where and when it is happening, why it is happening. That gives you a lot of strategies about what you can do in a school setting.

But unless we ask we are not going to get that information. We tend to get not only what we expect and deserve but also what we measure, and this can be an important step towards identifying some strategies that can work in the school.

Taking a look at some teacher training component standards, in the State of California we are now looking at ways we can better train and prepare teachers to operate in a public school setting that is experiencing increasing diversity among the students and yet one where there is compulsory education.

It is requiring some new skills because when we were in school we were having fistfights, now it's gunfights. In the old days it used to be the fire drills, now it's the crisis drills. And so we have got to provide some more effective teacher training components.

You have heard this morning from some of the other respondents about the need for conflict resolution and parent participation programs. We certainly need to look at that, as well as some crisis prevention and management components.

I think another area to take a look at would be modifying the Federal Gun Free School Zone Act to the Weapons Free School Zone Act. Guns certainly are a problem on the campus but knives and, if you're in New York, razor blades are the weapons of choice. We need to take a look at doing everything we can to create a crime-free school zone on the campus.

I think it is probably as clear as ever that educators have inherited a series of complex tasks. They didn't create all the problems but they are certainly going to have to deal with those issues. The extent to which this committee can provide some national leadership to create a legal mandate for safer and better schools will certainly help all of us as we try to insure the success and safety of all children.

[The prepared statement of Ronald Stephens follows:]

HOUSE SUBCOMMITTEE ON
EDUCATION AND CIVIL RIGHTS

CONGRESSIONAL TESTIMONY
March 31, 1993

Dr. Ronald D. Stephens
Executive Director
National School Safety Center

National School Safety Center

The National School Safety Center is a program of the U.S. Department of Education and the U.S. Department of Justice whose purpose is to identify cooperative solutions to problems that disrupt the educational process. Special emphasis is placed on efforts to rid schools of crime, violence and drugs, and on programs to improve student discipline, attendance, achievement and school climate. The Center provides technical assistance, offers legal and legislative aid and produces publications and films. The Center also serves as a clearinghouse for current information on school safety issues.

Scope of School Crime

No issue has more forcefully captured the attention of educators and parents than the increasing prevalence of crime and violence in our nation's schools. Nearly 3 million index crimes are committed on school campuses each year, according to the most recent National Crime Survey. That translates to almost 16,000 per school day or one every 6 seconds that school is in session. Much of this crime is drug- and alcohol-related. For the past three years, according to the Gallup Education Poll, the top concern of parents has been "Safe and Drug-Free Schools." Teachers cannot teach and students can't learn in an environment filled with intimidation and fear.

According to the Uniform Crime Reports from the Federal Bureau of Investigation, the nation is in the midst of the second great wave of violence that has occurred during this century. Schools are the secondary recipient of this wave of violence. According to Keith Geiger, President of the National Education Association, 100,000 students go to school each day carrying weapons. One hundred sixty thousand children miss school each day because of fear, and that's a national tragedy.

The Civil Right to Safe Schools

If we are going to require young people to attend school, then we must provide campuses that are safe, secure and peaceful. Only three categories of individuals are required to be somewhere against their will. The first is prisoners--they are protected against cruel and unusual punishment. The second is the mentally insane--they are entitled to the same protection. The third category is school children and we typically do not offer the same protection that is extended to prisoners or the mentally insane. If we are going to compel young people to attend school, then we must create a campus setting that fosters educational success. Students should be able to attend school in a violence-free environment. Schools must be the safest places in our communities. School safety is a civil rights issue.

Influence of Drugs and Alcohol on the Proliferation of School Crime

School crime cannot adequately be addressed without considering the impact of drugs, alcohol, weapons and gangs within the school and community. The National School Safety Center brought together representatives from 17 of the Nation's largest and most prominent school districts. They were asked, "What are your top problems"? They told us, in this order, "Drugs, weapons and gangs in schools." They are all inseparably related.

According to the Center to Prevent Handgun Violence, 18 percent of all weapons in school incidents are drug or gang-related, 15 percent involve long-standing disagreements, 13 percent involve playing with or cleaning guns, 12 percent over romantic disagreements and 10 percent over fights and material possessions.

According to a March 28, 1993, Department of Justice news release, 10 percent of all arrests of 10-19 year-olds (drug-related)

A report from the Bureau of Justice Statistics indicates that more than 12 percent of convicted offenders held in local jails during 1989 claimed they had committed their offense for money to support a drug habit. Eighteen percent of the offenders surveyed admitted to being under the influence of a major drug at the time of the offense.

A 1991 report released by the Bureau of Justice Statistics stated that more than one-half of all convicted jail inmates said they had committed the offense for which they were incarcerated under the influence of drugs, alcohol or both.

A study conducted by Temple University tracked 237 drug addicts for an 11 year period and found that they were responsible for more than 500,000 crimes. Although these data describe crime trends and substantially relate to the general crime community, they are reflective of behaviors we are now seeing in school.

Limitations of Available School Crime Data

Inasmuch as there is no nationally mandated school crime and violence reporting act, we must rely on anecdotal or implicit data. In those regions of the country where school administrators are reporting school crime, the relationship of crime to drugs or alcohol is generally not identified.

What educators intuitively know, however, is that there is a significant correlation between drug and alcohol abuse and school crime and the implications are compelling.

Frequently, when the National School Safety Center conducts a school safety assessment, field staff ask students, "Is there is a drug problem in your school"? A common response is "No, I can get all the drugs I want." Generally, within a matter of minutes a menu of options, a price list, students to contact and a place to meet can be obtained. There are several questions that beg an answer in assessing the depth of the school crime and substance abuse problem.

What kinds and level of school crime are required to support a drug habit on a school campus?

How much personal property does one have to steal?

How much lunch money must one extort?

What protection fees must one extract from innocent victims?

In terms of campus fights, what are they about--over drugs, over turf, over girls, over guys?

How many students who fight are under the influence?

How does drug use reduce inhibitions and self-control that would otherwise not degenerate to victimization?

What is the correlation between drug or alcohol abuse and sexual intimidation, sexual harassment and the spread of sexually transmitted diseases?

What connection exists between drug and alcohol use and traffic crimes on its campuses?

What about the marketing of drugs on campus, recruiting dealers, lookouts, runners?

Whatever the answers to these questions are, the presence of drugs and drug users on campus create an extremely negative campus climate. Students frequently articulate their disgust and dissatisfaction with the drug users on campus.

Whether or not there is a precise correlation between drug use and school crime that can be established, the mere fact that so many criminal incidents occur on the campus, despite their cause or correlation, is compelling evidence enough to create a cause for action.

The proposed reauthorization of the Drug-Free Schools and Communities Act provides several unique opportunities to address the critical need for safe and drug-free schools. First, the strategic collaborative format used to rid schools of

drugs and alcohol has specific implications for safe school planning. The opportunity to leverage the process, the people and program substance is significant.

Creating a Crime-Free School Zone

To mitigate school crime problems, lawmakers over the past several years have developed a number of legal strategies. Drug-Free School Zones are designed to eliminate the supply of drugs on or near school grounds and minimize demand for drugs through education and enforcement strategies. Gun-Free School Zones have been established in several jurisdictions to effect similar supply and demand strategies for guns. California has passed a Gang-Free School Zone to send the message to gangsters and school children that gang activity will not be tolerated on a public school campus. Such legislation certainly has not eliminated all the drugs, the weapons or the gangs, but represents a beginning.

We must go beyond these critical, yet essential, components. All of these laws have set the stage for a more comprehensive component: the Crime-Free School Zone. Schools must be the safest places on earth. Our children are depending on it. In addition to the serious problems of guns, gangs and drugs, school children face other issues that are often equally intimidating --schoolyard bullying, theft of personal property, sexual harassment and community crime, to name only a few. They each interfere with the educational process. When a child is victimized, it changes that child's perception of trust, well-being and confidence. Such victimization is a form of personal violation that causes scars which significantly outlast the crime. It is difficult for children to concentrate on their multiplication

tables or a history lesson when they are surrounded by individuals and circumstances that victimize them and their education.

Schools are crying out for help to address these significant problems. Although schools have not created all the problems, schools have a responsibility to insure that their campuses are safe and peaceful. Educators, along with parents, are responsible for supervising and training children to behave responsibly and thoughtfully in the school setting. Schools cannot cure all of society's ills, however, they can take some major steps forward to make a difference. There is a compelling need to identify strategies and programs that work, to disseminate such information and to cooperate with school administrators in developing comprehensive safe school plans.

Specific Strategies to Consider

1. School safety must be placed at the top of the education agenda. Drug-free schools cannot exist without first having a safe school.

2. Every public school--elementary, middle and high school--should be required to develop a comprehensive and systematic safe schools plan. Schools need the support and participation of students, parents, community leaders and youth-serving professionals. A safe school planning model and demonstration process should be developed.

3. Consider the following legislative components to supplement the "Drug-Free Schools Act of 1993." Key elements could include:

- The implementation of mandated crime tracking. Reporting a uniform record keeping process for tracking and monitoring school crime is essential for school administrators. Such data will reveal what happened when, where, who was involved and the action taken, among other factors. An analysis of the school crime data will suggest response strategies, trends and implications for administrative action.

- Formal establishment and support of the National School Safety Center. Presently, the Center is funded on an ad hoc-basis at the pleasure of the Attorney General and the Secretary of Education. A national school safety center function should be incorporated as a legally mandated strategy for promoting school safety.

- Creation of an 800 School Safety Hotline to assist school officials facing significant school safety problems with telephone technical assistance.

- The pursuit of a series of demonstration programs that focus on developing positive attitudes and strategies to support children. Many of the students who drop out of school might be more appropriately categorized as "pushouts." We must develop new strategies for approaching at-risk children.

- Development of a training and technical assistance component to assist school districts and communities in developing comprehensive systemwide safe school plans.

- Sponsoring demonstration projects that promote safe and drug-free schools.

- Establishing a set of national standards for new school construction in terms of crime prevention through environmental design. Many schools are difficult, if not impossible, to adequately supervise simply in terms of their architectural barriers.

- The development of a teacher training component to provide teachers with the tools they need to effectively operate in the schools. A specific enhancement of staff competencies in dealing with such issues as mediation conflict resolution, handling angry parents and disturbed children is essential.

- The establishment of a multicultural training component. Many of the school crime and violence problems are tied to racial and ethnic implications. Gang activity, campus intimidation and stare-downs are often race related. 1992 has seen more acts of racial violence than any previous year.

- Conflict resolution training. School violence is nothing more than the tangible expression of unresolved conflict. School children must be trained in nonviolent conflict resolution.

- Parent participation and parent education programs. Parents have become the most forgotten factor in the safe school equation. Model strategies must be implemented to better train, involve and recruit parents in the educational process of their children.

- Crisis prevention and management. There are two kinds of school administrators -- those who have faced a crisis and those who are about to.

Specialty training in crisis prevention, crisis preparation, crisis management and crisis resolution is essential. The National School Safety Center has developed such a training program that is available to school systems nationwide. Such training should be made available on a broad national scale that responds to crisis situations involving weapons, drugs, gangs and related violence.

- Community mobilization for safer schools. School administrators cannot solve the school crime problem alone. They need support in establishing specialized multi-agency response teams that foster and develop interagency partnerships within their communities.

4. Develop nuisance abatement strategies for school administrators. School officials and local community residents need to be made aware of legal nuisance abatement procedures for ridding their community of drug houses, gang houses, debris or other intimidating situations that disrupt the school's climate.

5. Create a set of safe school components that include comprehensive prevention, intervention and supervision strategies. Each school and each school district should be required to develop and implement a comprehensive and systematic safe schools plan that focuses on supervision, education and administrative leadership strategies. We need much more than metal detectors to make school campuses safe--metal detectors deal only with the symptom, not the problem. Community leaders must be involved in developing such plans.

6. Modify the federal Gun-Free School Zone Act to the "Weapon-Free School Zone Act" and require each state to establish clear reasonable sanctions for juveniles who possess, transport or use a weapon in school or the community.

7. Create strategies that promote vibrant extra-curricular programs. Youngsters need adults who are interested in them and their success. Intensified supervision programs may include a professionally trained school peace officer; parent volunteers to help supervise hallways, playgrounds, gathering areas and other potential trouble spots; a "surrogate somebody," similar to Superintendent Kendrick's program in Seattle Washington, to serve as a role model and mentor to each child; a vivacious athletic and extracurricular program; recreation and community service opportunities.

8. Conduct a state by state analysis of model drug and alcohol prevention strategies that should be included in a legislative package. Disseminate this information to all attorneys general and all state legislators.

9. A special initiative should be commissioned on ways to personalize the educational environment. Much of the campus disruption is in response to a feeling of detachment, non-ownership and alienation. School administrators and staff members must implement ownership/buy-in strategies for young people. We may not even know what they strategies are but we should seek to develop them.

10. Local communities and the public must be educated about their collective accountability for serving at-risk youth. It is far too easy for us to assume that this task is someone else's responsibility. Everyone needs to be involved. Community strategies for educating key players and implementing support programs should be

developed. Interagency planning and interagency participation is at the heart of any successful program.

11. Early childhood education may be one of our most promising strategies for increasing the safety and security of our public schools. We need to begin influencing young people in positive ways at the earliest ages of life. Unfortunately, many parents do not have the appropriate skills for raising their children. Not only is there a need for a vibrant pre-school program, but, additionally, a compelling need to train parents.

12. Development of an early parenthood training program for at-risk parents. Community social services and financial support should be tied to appropriately designed and delivered educational strategies to assist parents in developing child-rearing skills. Model demonstration curriculums should be encouraged and supported. Answers must be sought toward developing more appropriate parenting skills.

Educators have inherited a series of complex tasks. They work in facilities they did not design; they must teach children they did not select; they must live with budgets they did not create. Sixty-two percent of school administrators admit that their training did not adequately prepare them for the work they do.

There are no easy answers for reducing violence in our schools and communities. However, schools must take responsibility for where they are now and for the work that remains to be done. The success of our nation's schools and the support of these initiatives must become a federal concern because our nation's economic

competitiveness, national defense and quality of life all depend on how well we protect our young people.

Resources must be committed to enhance the supervision and instructional skills of educators to effectively and thoughtfully manage an increasingly diverse group of students in a compulsory attendance environment. Strategies must be developed to change the attitudes and actions of disruptive youth. Balancing individual student rights with responsibilities has always been a difficult task. We must make school safety a top priority be involving the entire community in the collective task of making our nation's schools the safest places on earth. The leadership for this compelling strategy begins with parents and community leaders, but it is the Congress who must ultimately initiate the legal mandate for safer and better schools.

Chairman OWENS. Thank you. Mr. Wood.

Mr. WOOD. Good morning, Mr. Chairman, members of this committee. During the fifth annual conference of the Drug Free Schools and Communities held in Bethesda, participants of the conference expressed a need for a national steering committee for drug-free schools.

It was proposed that the steering committee be composed of representatives from both the governor's portion of that legislation, the managers of that portion, and the managers of the State education agency portion. In addition, it was recommended that representatives from the regional education centers that are a part of the bill be a part of the steering committee.

That steering committee came together and was formed through an election of the various peers from the five educational regions of the country in 1991 and that committee has since been working very closely with the drug-free schools staff and the school improvement staff, specifically with Alicia Coro and Alan King.

During the course of the year we, as an organization, have been trying to develop materials that would give the Congress, as well as the Department staff, a close look at how the program was being implemented at the local level. I am happy to be able to report today that I think some significant progress is being made in attacking the issues associated with the problems of alcohol, tobacco and other drugs.

The point that I would like to make, and I am trying to depart from my written testimony in the interest of time, is that the organization that I represent is made up of the managers of these funds at the local level, both on the State side and on the governor's side. We have been able to work very effectively together and I think, increasingly, have been able to help each other recognize how we can be a great deal more effective by working together.

One of the great concerns that I have experienced over the years with the Drug Free Schools and Communities program, and I have heard a good deal today, is that very frequently we speak of drug-free schools and often forget about the communities aspect of it.

The thing that we have found, and I think you will see in some materials that I will refer to later, is that the most effective programs that you have heard in the testimony today are those where the school and the community come together.

So frequently in this legislation, unfortunately, educational authorities have believed that the funds just stopped at the school door and have not followed the kids into the community.

If we are going to be effective in this war, we are going to somehow have those funds available in the community and come together with the funds available to the schools. I think in the wisdom of the Congress there was this intent, at least I have always recognized it to be the intent, that somehow schools and communities need to come together to make effective programs work to impact the very same kids.

As long as there is a mindset that when kids leave the schools those funds should stay in schools, I think we are in very serious trouble. There are very limited funds available in communities and although there are some Federal funds available from other sources, the drug-free schools funds that go to the governors and

those funds that are available to the governors are probably the most important prevention funds available today in the country.

The reason I say that is that one of the extraordinary positive aspects of this legislation is that it allows 2 years to spend the funds. The moneys that come down from SAMHA—we don't know when they are coming at the local level and when they finally do come, oftentimes we have no more than a month to actually encumber those funds.

Chairman OWENS. The moneys from where?

Mr. WOOD. SAMHA, the Substance Abuse and Mental Health Act—the former AMH, alcohol, drug and mental health legislation.

Oftentimes when we think in terms of prevention funding, that 20 percent available in that legislation is all that local communities have to work with. Now that the Drug Free Schools and Communities bill is in place, that has been some of the most creative money available to communities. And, increasingly, what we see happening now is that schools and communities are actually coming together and forming those coalitions that I heard several of you speak of.

There are two things in closing that I would like to bring to your attention. The national steering committee has developed two reports that have been made available, in addition to our position paper, to your staff.

I believe Dr. Peters may have received a recent survey of 46 of the States in terms of what they are doing with the governor's portion and at least 33 States have responded to our survey on what the State education agencies are doing with their funds.

I hope the committee will take a moment and review those reports and look at our position paper because we feel that some real significant things are happening in the Drug Free Schools legislation. We think it's very possible that greater things can be done with your support.

Thank you very much.

[The reports are on file at the subcommittee office.]

[The prepared statement of Henry M. Wood follows:]

Remarks by Henry M. Wood, Chairperson, National Drug-Free Schools and Communities Steering Committee before the Subcommittee on Select Education and Civil Rights, Committee on Education and Labor, U.S. House of Representatives, March 31, 1993

Mr. Wood is the Administrator of the Office of Prevention, Delaware Department of Services for Children, Youth and Their Families

During the 5th Annual Conference of Drug-Free Schools and Communities held in Bethesda, in November of 1991, the participants of the conference expressed their desire for the creation of a Drug-Free Schools and Communities Steering Committee whose role it would be to offer guidance to the U.S. Department of Education's Drug-Free Schools and Communities Staff and to the Congress on the shape of the new legislation. Those in attendance agreed that the National Steering Committee should be composed of twenty-five (25) members to be drawn from the five (5) U.S. Department of Education Regions: two (2) State Education Agency Coordinators from each region; two (2) Governor's Portion Coordinators from each region and one (1) representative from each of the five Regional Centers for Drug-Free Schools and Communities. Subsequently, elections were conducted in each of the regions and in June of 1992 the Committee assembled in Washington, DC with Drug-free Schools and Communities officials to offer guidance and support to the staff as well as to provide its perspective regarding reauthorization of the Drug-Free Schools and Communities Act. The work of the National Steering Committee has been well received by Alicia Coro of the School Improvement Staff and Allen King of the Drug-Free Schools and Communities Staff and we feel confident that this positive working relationship with the Department staff will continue.

I'd like to take a moment to remind the Subcommittee that the composition of the National Drug-Free Schools and Communities Steering Committee is unique in that: 1)its members are elected by and represent the five regional groupings of states and territories, NOT individual states; 2)the representatives are hands-on managers of the Drug-Free School and Communities funds. Because of this, the points of view that we bring to this subcommittee are not speculative, but are based on our collective experiences working with the legislation and funds, dealing with the process of getting the funds to the local level and working with local entities to ensure that the funds are having the intended impact.

I am proud to be able to report to you today that the Drug-Free Schools and Communities Act is accomplishing its intended results. Virtually every survey of adolescent drug use indicates a significant reduction in adolescent involvement. We are greatly encouraged that this is due in part to the Drug-Free Schools and Communities legislation. The Drug-Free Schools and Communities Act is an extraordinary piece of legislation. It is as if Congress had sought to use exactly the correct tool for this aspect of the so-called "War on Drugs". There are several reasons why this piece of legislation is quite remarkable and appropriate. For instance, this legislation encourages a state-level cooperation between the Governor's Office and the State Education Agency in directing resources against alcohol, tobacco and other drug use among children and youth; the legislation

also encourages cooperation between school districts and community-based organizations at the local level. This legislation recognizes the need for consistent anti-ATOD programming to impact youth in the home, at school and in the community. This can ONLY be achieved when school-based funds and community-based funds and programs interface. The Drug-Free Schools and Communities Act funds encourage this needed interface. In fact, these funds, of the several different sources of Federal funds directed against ATOD are the most useful in encouraging cooperation between schools and communities. Drug-Free Schools and Communities Funds may be spent over a period of two-years. Accordingly, adequate time is available for the careful and thoughtful planning required for the development of effective ATOD prevention programming.

I have had the privilege of participating as a reviewer of proposals being submitted to both the Center for Substance Abuse Prevention of the Department of Health and Human Services and the Drug-Free Schools and Communities Grant Programs of the Department of Education for the past several years. From this vantage point I have seen, over the years, a dramatic change in the kinds of project applications that are being submitted. Activities are being advanced in which objectives are measurable and are able to be evaluated for effectiveness. Applicants are proposing to conduct activities that have been proven through research to have a high propensity for success. And increasingly, activities are being advanced that include the families and communities of the children and youth scheduled to be served. These factors are evidence that we're all finally on the same page. Prevention programming in our Nation has become more sophisticated and prevention workers, both professional and para-professional, are better informed and in many cases better equipped to address ATOD prevention issues. The Drug-Free Schools and Communities legislation has played an important part in making this so.

As the Subcommittee deliberates on the reauthorization of this legislation. We hope that you will take into consideration the position paper that the National DFSC Steering Committee has drafted and provided to your staff. The position paper offers recommendations which we feel will strengthen the DFSC Legislation and generally make the Act even more effective. Among the recommendations are:

> that the roles of the State Education Agencies, the Governors and the Regional Centers be maintained in the legislation; that the original integrity of the legislation that provides money exclusively to support alcohol, tobacco and other drug use prevention programs be maintained; that alcohol, tobacco and other drug prevention and early intervention programs are most effective when they are comprehensive, multidimensional, and culturally, developmentally, and age appropriate; that the US Department of Education should model collaboration of programs and services with other federal agencies, i.e., CSAP, HUD, CSAT, etc.; that specific setasides in the act be reduced or eliminated.

These are but a few of the recommendations advanced by the National Steering Committee. Please remember that this document was not only drafted by people who manage DFSC funds every day, but was endorsed by rank and file managers at the 6th Annual Drug-Free Schools and Communities Conference. Also, I wish to call to your

attention a recent survey conducted by the National Steering Committee which provides information on the specific uses of the Governors' Portion of DFSC funds. A report providing specifics on the State Education Agency expenditures is in the process of being finalized. Both reports will be forwarded to the Subcommittee staffs and we hope you will include them in the public record of this hearing.

In conclusion, I wish to thank the Subcommittee for the opportunity to appear here today and leave you with the thought that important progress is being made in regard to alcohol, tobacco and other drug use among children and youth. The Drug-Free Schools and Communities Act has played a critical role in this progress.

Chairman OWENS. Thank you very much. Dr. Stephen Danish.

Mr. DANISH. Thank you very much, Mr. Chairman. I am the director of the Life Skills Center at Virginia Commonwealth University. One of the programs that we have been conducting at Virginia Commonwealth University for the last 6 years is the Going for the Goal program, and I would like to talk about that program in the context of the deliberations you are making today.

Following careful review of the research, much of it done by Dr. Johnston and his colleagues at the University of Michigan, we were able to discern that drug abuse is part of a lifestyle of problem behaviors or health-compromising behaviors which include drug and alcohol use, unsafe sexual activity, violent and delinquent behavior, school attendance problems, and school disciplinary problems.

We also realized that it is very unclear where the cycle of these health-compromising behaviors starts. We didn't know what is the first one and what is the last one. I don't think necessarily it is always drugs that lead the cycle; it can be school dropout or school disciplinary problems that lead.

So, as a result, we decided that it was ineffective and time-consuming to focus on one at a time and, as a result, we developed the Life Skills program designed to reduce health-compromising behaviors and at the same time promote students' life-enhancing behaviors.

The other thing that we learned from our research was that there seemed to be three factors that influenced involvement in these behaviors. One was a social recreational factor; in other words, why do kids get involved in these behaviors?

One factor is to be part of a group. It is a peer factor. They want to be part of the group that seems to be doing the things that they would like to do.

A second factor, and a very important factor, is related to dealing with negative affect. They want to get away from their problems and their frustrations and they want to relax and relieve tensions.

The third factor which we found especially prevalent in the inner city was a lack of optimism about the future. They had fuzzy or no future orientation.

As a result, we put together a program which we called GOAL, or Going For the Goal, which is both a school-based and after-school program. We have 10 skills that we try to teach in that program: to learn to dream; to set reachable goals, and reachable goals are defined as ones that are positively stated, specific, important to the goal setter, and under his or her control—the goal setter's control; in other words, more important to him than it is to his parents or teachers and under his control; something that he or she can handle by his or her own behavior, rather than expecting someone else to do that for them.

We also include teaching children how to develop plans to attain these goals: To identify and overcome the roadblocks that exist to reaching goals, to problem-solve, to use social support, to rebound from temporary setbacks, to reward oneself for successes, and to identify one's strengths and know how to build on them.

As you can see, our focus is to teach youngsters what to say yes to, as opposed to just say no. It is our belief that when youth know what they want and how to attain it, they are more likely to feel a sense of personal control and confidence about their future. As a result, they make better decisions and become better citizens.

To be successful in life, it is not only important to know what to avoid; one must know how to succeed. While one cannot deny that being educated is a passport for the future, without the concomitant life skills this passport is little more than a piece of paper symbolizing unrealized potential.

In our program I think we have two unique aspects. One, we are teaching skills, not just knowledge or facts. Teaching skills requires a how-to, teaching how to, be it driving a car, throwing a ball, or setting goals.

You know, can we imagine people learning how to drive a car only by reading a manual? Coming up here on the beltway I think I met some of those people, but I wasn't sure.

So, the rationale for learning skills: The skill must be presented; it needs to be demonstrated; a rationale for learning must be clear to the youngster learning the skill, and it must be practiced extensively and correctly under supervision.

The second unique aspect is that we have high school students teaching this program to middle school or junior high school students. The high school students are the main teachers and they are trained. We have them teaching, not counseling, teaching in classes, often health classes, in a ratio of two high school students to 15 to 17 middle school students. When the program is taught in school, it is usually in a health curriculum.

Successful high school students serve as concrete images of what an early adolescent can become. Because these high school students have grown up in the same neighborhood, attended the same schools, confronted similar roadblocks, they serve as important role models and, thus, are in an ideal position to be effective teachers.

As a result of funding from the bill that we are discussing today, and some other Federal funding, in the City of Richmond alone 5,000 youngsters have been taught the program at their schools or through after-school programs by about 300 high school students.

We have also added a teacher component where we train teachers, a counselor component, and with the support of IBM we have developed a celebration for these students, and with the help of the university have developed a scholarship and mentoring program.

Last year, I think we were able to come up with the most exciting part of our program. The Athletic Footwear Association, the industry association for athletic shoes, awarded a grant for us to pilot this program in several urban areas. Included in these areas are Fulton County, in Atlanta; Chelsea, Massachusetts, in the Boston area; New London, Connecticut; and Lansing, Michigan. We are scheduled to conduct programs in New York City starting this summer and Los Angeles in the fall.

In New York City we are working with the African American Athletic Association founded by Arthur Ashe. Prior to his death, he and I worked to develop a program where two high school students from each of the 150 high schools in the city—will be selected and trained to deliver this program to their neighborhood middle

schools in the fall. We are also working with the U.S. Diving Association to reach 3,500 divers nationally. In my written testimony I describe the impact of the program and some of the research we have done.

The last thing I want to talk about is how we can make programs like mine and other programs funded from the Drug Free School Act available in more than one city. It seems to me that prevention programs are too often developed for one site and it is my belief that the test of effectiveness of a program is whether it can be implemented someplace else.

Without such an assumption, regardless of how effective a program is, it has limited utility. Let me give some recommendations.

I think each program needs a program curriculum. It must be developed, printed, and available for dissemination. When programs depend exclusively on the charisma of the leader they are less likely to be successful.

Second of all, an operations manual describing how to design the program, how to train staff, how to implement the program, and how to evaluate it successfully is necessary. Issues such as how to transfer that program and how to work with organizations in other communities is essential.

Staff should be hired who have been employed in settings in which the program is to be implemented. We have arranged with the Richmond City Public Schools to pay for a teacher to be on loan to the Life Skills Center. This arrangement has helped us understand the school environment better because I have never taught in schools and I think none of the rest of my staff had either.

As a result, we have been better able to minimize the disruption to the school in terms of how we implement the program and to minimize the intrusiveness of our evaluation.

Next, it is critical when establishing relations with other systems that a credible local person assist in developing contacts and serve as a champion for the program. Mr. Ashe did that for us in New York City.

When discussions about implementing the program take place, an atmosphere must be developed with the school or agency where you are implementing the program that makes them feel that the program is being done with them, not to them or for them. I think when that happens they take some of the ownership and then they feel responsible for the program to be continued.

The cost of dissemination must be reasonable so that it can become an ongoing part of the organization. If the cost of the program is only dependent on Federal funds, then when those funds end, the program ends.

We estimate a cost of no more than $15 per student, in this way a school district, agencies, and businesses—and that is where we have been trying to focus, helping businesses—can all sponsor the program.

To keep the cost manageable at other sites, we try to limit the amount of involvement we have in their program, other than helping to set it up.

I think focusing on life skills, as opposed to an individual health-compromising behavior like drugs or violence, helps. In some of our

cities, violence prevention has become the hot topic. Drug prevention is not particularly the most important thing in some cities. In other cities, pregnancy prevention has become the hot topic.

A life skills center—excuse me, a life skills approach such as the GOAL-oriented program, fits into other programs that the States may mandate or that the schools want to provide. We are a complementary program. We do not see ourselves as the only program that any school district or after-school program should be running.

Finally, the funding agency should require that programs seeking funding for intervention or prevention programs implement their programs at a second site. Then, we will know the true effectiveness of such programs.

Also, the agency should require that multi-year projects have community agencies to pick up part of the costs so that there is a likelihood that these programs can continue after the funding ends.

Thank you very much. I appreciate this opportunity.

[The prepared statement of Stephen Danish follows:]

Virginia Commonwealth University

March 25, 1993

The Honorable Major R. Owens
Chairperson
Subcommittee on Select Education & Civil Rights
Committee on Education and Labor
U.S. House of Representatives
518 House Annex 1
Washington, DC 20515-6107

Dear Chairman Owens:

My name is Steven Danish. I am Professor and Chair of the Department of Psychology and Director of the Life Skills Center at Virginia Commonwealth University in Richmond, Virginia. I am honored by your invitation and hope that my testimony about the **Going for the Goal** Program will be beneficial for your deliberations.

What are Life Skills?

Life skills are skills that enable us to master the tasks necessary to succeed in our environment such as communicating effectively with others or setting and attaining goals. Some life skills such as communicating effectively can be taught directly; others are learned in one life domain and then transferred for use in other domains. An example of a transferrable skill is a skill learned in sport such as how to concentrate or play as part of a team that then can be applied at home, school or the workplace **if it is taught directly.** Often we assume the character-building skills supposedly learned in sport are caught as one would catch a cold; in fact, for these skills to be learned they must be taught in the same way physical skills are taught: through demonstration and practice.

The teaching of life skills is the focus of the **Going for the Goal** (**GOAL**) Program, the program funded through the Drug-Free Schools and Communities Act of 1986 by the U.S. Department of Education. What I hope to do through my testimony today is to describe **GOAL**, explain the rationale for its development, and delineate how and why we have been able to expand **GOAL** so that it is on the verge of becoming a national life skills program.

The Rationale for Teaching Life Skills to Early Adolescents

Early adolescents (ages 10-14) are at an age where they are experiencing a number

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of concurrent life changes that provide unique challenges and stresses. These changes include: biological changes with the onset of puberty; a reference change from a child to an adolescent and then to a teenager; and physical relocation from elementary school to middle or junior high school.

Until a child reaches early adolescence family members are usually the strongest influence. It is for this reason that prevention experts focus on the role the family plays in the development of prosocial behavior and values during childhood. With the onset of adolescence significant social changes occur. Perhaps the most important is that peer groups become larger and the most influential source for effecting behavior and values.

Consequently at early adolescence, prevention programs are directed at the schools and at after-school settings. Adolescents spend a large percentage of their day in school and thus what happens in the school will influence their behavior. It was, therefore, disheartening to see a 1989 Gallup poll report that half of the teens surveyed said that drugs were being used in their schools and that 40% said that drugs were being sold in their school.

However, the importance of after-school settings and activities cannot be minimized as youth spend more time out of school than in school. For example, researchers have found that 8th graders who are unsupervised for 11 or more hours per week are at twice the risk of substance abuse as are those who are supervised; after-school hours are the most common time for adolescents to engage in sexual intercourse, usually at the home of the young man while family members are at work; and early adolescence is the key period for early gang involvement. For these reasons the recent Carnegie Conference on after-school programs and problems, A Matter of Time, was so important for individuals conducting prevention programs.

Early adolescence, then, is the period when youth begin to actively involve themselves in what are called **health-compromising behaviors**. An adolescent's well-being can be viewed as encompassing four domains of health: physical health, psychological health, social health and personal health. Within each of these domains, adolescents may engage in **health-compromising behaviors**, that is, behaviors that threaten the well-being of the individual; or in **health-enhancing behaviors**, behaviors that tend to improve an individual's well-being. For example, the social health of adolescents may involve the health-compromising influence of negative peer pressure to use drugs, or the health-enhancing ability to develop positive social support to learn a new skill.

Among the health-compromising behaviors that researchers have targeted are: drug and alcohol use, violent and delinquent behaviors, engaging in premature and unsafe sexual

activity that may result in pregnancy or diseases such as AIDS, and dropping out of school. Researchers have found that youth who have problems in one of these areas are likely to experience problems in other areas. The result is a "lifestyle syndrome" of health-compromising behaviors.

In a study of middle school students started in 1987 at Virginia Commonwealth University's Life Skills Center, we too found the existence of a "lifestyle syndrome" of health-compromising behaviors. As a result of this research some important conclusions can be drawn.

- ** *There is a strong relationship among alcohol and other drug use, unsafe sexual activity, violent behavior, school attendance and school disciplinary problems.*

- ** *Students involved in one behavior are likely to be involved in one or more of the other behaviors* ***and*** *it is unclear which behavior occurs first and how the cycle develops.*

- ** *For these reasons we concluded that focusing only on preventing drug abuse was likely to be ineffective and time consuming. Consequently, we developed a life skills program designed to reduce a number of health-compromising behaviors, and at the same time, promote the students' life-enhancing behaviors.*

We also recognized how important it was to know why students engage in health-compromising behaviors. Researchers who have studied drug use among adolescents for over a decade have identified two reasons why adolescents become involved in these behaviors:

- ** *A social-recreational and peer factor ("to be part of the group"); and*

- ** *A factor related to coping with negative affect ("getting away from problems and frustrations" or "to relax and relieve tensions").*

In our own research we have identified a third factor:

- ** *A lack of optimism about the future.*

These three factors indicate that differences exist in the reasons why adolescents engage in health-compromising behaviors and in turn, diverse approaches to prevention must be

provided within a program if it is to be successful.

How the **GOAL** Program Works

The **Going for the Goal** (**GOAL**) Program is a life skills program developed for both school and after-school settings. There are ten, one-hour sessions. The sessions begin with a review of what has been taught in the previous workshop followed by a brief skit introducing the material. Skits feature "**Goal Seeker**," "**Goal Buster**," and "**Goal Keeper**" as characters who dramatize the skills to be learned; then, the skills are taught and practiced.

WORKSHOP 1 -- *Dare to Dream introduces the **GOAL** Program and the high school leaders. Students discuss the importance of dreams and learn to dream about their future.*

WORKSHOP 2 -- *Setting Goals presents the four characteristics of a reachable goal (positive, specific, important to you, and under your control). Students learn that dreams can be turned into goals.*

WORKSHOP 3 -- *Making Your Goal Reachable enables students to apply the characteristics of a reachable goal to their goal.*

WORKSHOP 4 -- *Making a Goal Ladder focuses on the importance of making a plan to reach one's goal. Students place their future goals at the top of the goal ladder and then identify the steps needed to be taken to reach the goal at the top of the ladder. One of the goals must be something that can be accomplished during the **GOAL** Program.*

WORKSHOP 5 -- *Roadblocks to Reaching Goals considers how various roadblocks such as drug use, teen pregnancy, violence, or dropping out of school can prevent students from reaching their goals in life. Using timelines and original stories, students see how those roadblocks can affect their lives.*

WORKSHOP 6 -- *Overcoming Roadblocks presents a problem-solving strategy called STAR (**S**top and chill out, **T**hink of all your choices; **A**nticipate the consequences of each choice, **R**espond with the best choice). Students practice using STAR in situations they may encounter at school or home.*

WORKSHOP 7 -- *Seeking Help From Others presents the importance of*

seeking social support in order to achieve goals. Two types of help, "doing" help and "caring" help, are presented.

WORKSHOP 8 -- *Rebounds and Rewards uses the students' goal ladders to discuss how to reward oneself for accomplishing a step on the ladder as well as how to rebound when a goal or a step on the goal ladder becomes too difficult to reach.*

WORKSHOP 9 -- *Identifying and Building on Your Strengths enables students to identify and build on personal strengths.*

WORKSHOP 10 -- *Going For Your Goal involves a series of games that give the students a chance to integrate and apply the information covered in the nine other workshops.*

Our focus, then, is to teach youth "What to Say Yes to" as opposed to "Just Say No" and to try to encourage them to have fun as they learn.

It is our belief that when youth know what they want and how to attain it, they are more likely to feel a sense of personal control and confidence about the future. As a result they make better decisions and ultimately become better citizens. To be successful in life it is not enough to know what to avoid; one must know how to succeed. Through this program we try to weaken or eliminate health compromising behaviors as well as to strengthen health enhancing behaviors in all four health domains. While no one can deny that being educated is a passport for future success, without the concomitant life skills this passport is likely to be little more than a piece of paper symbolizing unrealized potential.

Why the Program Works

There are several unique aspects in the design of the **GOAL** Program.

** *The emphasis is on teaching skills, not just knowledge or facts. Teaching facts such as the danger of using drugs has not proven to be effective. Teaching skills require learning "how to"; be it driving a car, throwing a ball or setting goals. Can you imagine learning to drive a car only by reading the manual? To teach a skill it first must be named and described, the rationale for learning the skill presented, then demonstrated and finally practiced extensively and correctly under supervision.*

** *The teachers of* **GOAL** *are high school student leaders chosen by their schools for their academic performance, leadership qualities and extracurricular involvement. They receive special training from the* **GOAL** *staff. Following the training, they teach the Program in middle/junior high school or in after-school programs. Usually 2 leaders teach 15 students. When the Program is taught in schools it is most often integrated into the health curriculum. Successful high school students serve as concrete images of what early adolescents can become. Because these high school students have grown up in the same neighborhoods, attended the same schools, and confronted similar roadblocks, they serve as important role models and thus are in an ideal position to be effective teachers.*

The History of the GOAL Program

The **GOAL** Program began as a pilot program for pregnancy prevention in 1986 funded by the Virginia Department of Mental Health (Office of Prevention). In 1987, we received funding from the then Office of Substance Abuse Prevention (OSAP) to further develop the Program in conjunction with Richmond City Public Schools. Since 1987 the Program has been taught yearly and to date over 5000 youth have been taught the program at their schools or through after-school programs in Richmond by approximately 300 trained high school leaders. **GOAL** has now become part of the schools' curriculum.

As a result of two grants in 1989 and 1992 from the Drug-Free Schools and Communities Act of 1986, two other components of the **Going for the Goal** Program were developed: (1) Teachers Enhancing Adolescents' Competence and Hope (TEACH)-a component in which teachers are taught to implement an expanded set of life skills as a means of reinforcing the skills taught by the high school students; and (2) Creating Opportunities for Preventive Education (COPE)-a component based on the same life skills taught by counselors to prepare elementary students for the transition to middle school and the middle school students for high school. Additionally, we have been able to secure corporate funding from IBM to initiate the "Going for the Goal" celebration designed to recognize seventh grade students who have been selected by their schools for demonstrating improvement and/or excellence in a variety of activities. With the support of Virginia Commonwealth University, we were also able to start the VCU/**Going for the Goal** scholarship and mentoring program developed to assist selected students who are chosen to attend the IBM celebration to prepare for college and to be able to attend college if finances are unavailable. Last year we received another Drug-Free Schools and Communities Act of 1986 Grant to implement and evaluate a comprehensive middle school

curriculum including **GOAL**, TEACH and COPE and to expand our mentoring program. These activities are presently underway and progressing very satisfactorily.

Last year we also received what I consider a major breakthrough in the development of the **GOAL** Program. The Athletic Footwear Association, the industry association for athletic footwear and one of the largest associations within the Sporting Goods Manufacturing Association (SGMA), awarded us a grant to pilot **GOAL** in several urban areas. About the same time several cities decided to sponsor **GOAL** Programs. Consequently, we are presently conducting the Program in Fulton County (Atlanta), Chelsea (Boston), New London, CT., and Lansing-East Lansing, MI. Programs are scheduled to begin in the Summer in New York City and in Los Angeles during the Fall. These are not city-wide programs except in Chelsea and New London, but they have that potential. For example, in New York we are working with the African American Athletic Association founded by Arthur Ashe. Prior to his death, we worked to develop the New York program. Two high school student-athletes are being chosen from all 150 city high schools. These students will be coming to Madison Square Garden in May. Among the activities of the day they will receive an orientation to the **GOAL** Program. During the summer they will be taught how to teach the Program by **GOAL** staff in conjunction with Columbia University. In the Fall they will teach the Program at a junior high school in their neighborhood. In each city we work with a nearby university to ensure that we have personnel to continue the Program for more than a single year.

The U.S. Diving Federation has also funded us to offer a two-year version of **GOAL** to over 3,500 junior divers nationally and the U.S. Olympic Training Center has funded us to conduct a training program for junior elite athletes who train at the Center in Colorado Springs. We are presently negotiating with several corporations and other organizations to expand the Program considerably.

The Impact of the Program

There are several levels of evaluation. The first are informal comments obtained anonymously from students in the Richmond City Schools.

> ***"It helped me learn what a goal really is. It also made me realize why I picked this goal."***
>
> ***".... It helped me reach my goals."***
>
> ***"They teach us how drugs can get in the way of your goals."***
>
> ***"It was fun and exciting."***

"It was educational."

"I liked that they used high school kids, I could talk to them about my problems."

"The teen leaders could relate to me."

"I like that when I asked a question they would listen and answer my question."

"I learned more about expressing myself."

"We all became friends."

"It helped me get a better view of what I want to do in life. It also helped me to solve my problems in an organized fashion."

We examined the effects of the Program on a group of the high school student-leaders. Among the findings were:

At the beginning of the Program we asked the leaders to identify their own goals for the semester. At the end of the semester we asked if they had reached their goal. Over 75% said they did.

We also asked them at the beginning of the semester whether being a leader would help them reach their goals. At the end of the semester over 90% said the experience had.

In a more formal evaluation of the Program greater than 90% of the students sampled reported learning how to set goals. They also reported enjoying making the goals positive, specific, and important to them. Additionally, as part of the ongoing research being conducted by the Project staff, students who were exposed to the Program when compared to students who were not exposed to the Program were less approving of drug use by friends, had more positive expectations about their future, felt less distress in their lives, and had higher self esteem. Given that the Program is only ten sessions long, these results were encouraging and provided an impetus to expand the Program and conduct additional evaluations.

Current and future assessment of **GOAL** will look within pre-post assessments to see how the program is being implemented and received and to see what proximate outcomes are being influenced by GOAL. At sites where the program is just starting, evaluation is focusing on summative issues such as whether the program can be implemented with fidelity at new sites, the responsiveness of the participants, and the extent to which students and school staff are satisfied with the program. At sites where the program has already

been implemented, evaluation efforts are focusing on more comprehensive issues.

For example, in Richmond (where **GOAL** has been implemented previously), both participant and comparison groups are being assessed, pre- and post-intervention, on salient variables that are conceptualized to change as a result of participating in **GOAL** (e.g., goal setting skill, future expectations). Second, the level of implementation, such as student involvement and treatment fidelity, is being monitored by observers. Third, an assessment is being made concerning the extent to which all students who participate in **GOAL** have attained the main objectives of **GOAL** by the end of the program. Fourth, a qualitative assessment of program outcome (focus groups of participants) will be utilized in order to examine the students' impressions of their experience of GOAL. This shall aid in exploring salient variables that researchers have not been able to identify on their own. Overtime, yearly assessments of the salient variables will be conducted. As other sites move to their second year of implementation, cross-site comparisons will be made.

What is Necessary for Program Diffusion

Too often prevention programs are developed for one site. It is our belief that the test of the effectiveness of a program is how well it can be disseminated elsewhere. Without such an assumption the programs, regardless of how effective they are in the original site, have limited utility. What follows are some recommendations to facilitate program diffusion:

- *A program curriculum must be developed, printed and available for dissemination. When programs depend exclusively on the charisma of the leader, they are less likely to be successful.*

- *An Operations Manual describing how to design, train staff, implement and evaluate the Program is necessary. Issues such as how to transfer the program from one site to another and how to work with various organizations must be included.*

- *Staff should be hired who have been employed in the setting in which the program is to be implemented. For example, we have arranged with Richmond City Public Schools to pay for a teacher to be on loan to the Life Skills Center. This arrangement has helped us better understand the school environment. As a result we have been better able to minimize the disruption to the schools in terms of how we*

implement the Program and how intrusive we are when we evaluate.

** *It is critical when establishing relationships with other systems that a credible local person assist in developing contacts and serve as a champion for the program. When discussions about implementing the program take place an atmosphere must be developed so that the school or agency feels that the program is being done with them not to or for them.*

** *The cost of the dissemination must be reasonable so that the program can become an ongoing part of the organization. We estimate a cost of no more than $15.00 per student. In this way a school district, agency or private businesses can sponsor the Program. To keep the cost manageable at other sites we focus on conducting training sessions for trainers identified by the site. These trainers may be school or organizational staff and/or personnel from the participating universities such as graduate students. These trainers then train the high school students and serve as on-site coaches and supervisors. In this way we build a cadre of individuals familiar with the Program in every site and limit the need for our staff to be at the site more than three or four times, including setting up the Program.*

** *Focusing on life skills or some generic concept rather than an individual health-compromising behavior significantly increases the attractiveness of the program. In some cities violence prevention has become the "hot" topic; in other cities it is pregnancy prevention or drug abuse prevention. Having a life skills focus enables us to meet a number of needs and to complement other programs, often mandated by the state. A life skills program also is less controversial in terms of its content.*

** *Programs that have the potential to enhance life skills are much more likely to be supported by private businesses as they see these skills as essential for future employees.*

** *Last, but certainly not least, the program developer must have*

> *a supportive environment in which to work. Developing, disseminating and evaluating programs is not the same as conducting research on high risk youth. At some universities the former has much more value than the latter. Fortunately, for me, Virginia Commonwealth University is very supportive. As an urban, research university it is committed to "making a difference" in the community. As a result VCU has encouraged the development and expansion of the* **Going for the Goal** *Program and the Life Skills Center.*

Thank you again for this opportunity. I appreciate your support of such prevention programs and hope that continued support will be available.

Sincerely,

Steven J. Danish, Ph.D.
Professor and Chair
Department of Psychology
Professor of Preventive Medicine
Project Director, **Going for the Goal** Program

SJD/sht

Chairman OWENS. Thank you. Dr. London.

Mr. LONDON. Thanks very much, Mr. Chairman. I am very grateful for the opportunity to be able to speak to you today.

I have spent my career in drug abuse prevention, intervention and related issues. Most recently I have been at Kent State University and while I have been there, I have been working with the Department of Education-related programs in a number of ways.

I have been the project director on two counselor training grants. I have reviewed grant applications on four different competitions, including the school personnel training grants and the Federal activities grants. I have read about 60 different applications. I have also worked with the Northeast Regional Training Center.

With those experiences, I have a few observations about what I think we know about being conceptually sound programs, and I summarize several of these kinds of issues in my statement. Let me summarize further for you.

Conceptually sound programs address what we know to be risk factors, what research tells us. Let me talk about several of the risk factors and the kinds of things that Drug Free Schools and Communities programs can do to address them.

I also want to talk about two different types of factors that I believe undermine those efforts and that I don't believe have adequate recognition as doing so.

First I want to talk about programs that address the risk factor of low neighborhood attachment and community disorganization. When people do not attach to their community, when people do not have an investment in their community, their youth are at greater risk for problems.

Local school districts, IHEs, State education departments, all can contribute by addressing and encouraging community-based programs like many that have been discussed previously, including youth development programs, safe haven programs, and other kinds of programs; also, programs addressing the problem of family and community norms that have been favorable to drug abuse, factors related to family, including poor and inconsistent family management practices, the lack of cohesion, negative communication, lack of sustaining rituals, things that tear apart families and communities and to put youth at risk.

Intuitively, that is sound and I think also our research tells us that as well.

And, of course, there are school-based factors and the biggest one, I think, is low commitment to education, school and learning difficulties. When children are alienated from their schools, again, they are at greater risk.

I don't need to point out that schooling is a rather unique institution in this country in that it is universally compulsory, for the most part. Children do not have a choice about being there. They are owed a good experience when they are there. They are also owed a safe and healthy environment. It is a moral obligation. If you are going to compel them to be there, you have to deliver the goods.

Drug-free schools programs can do a great deal for low commitment to education and addressing that risk factor. They can foster cooperative learning programs that make every learner welcome in

the process; every learner active and appreciated—peer development programs, providing positive role models, providing desirable group interaction to compete with other factors outside, gang affiliation, for example.

So those are the things that Drug Free Schools and Communities programs can do that I think make intuitive sense and that is where the potential is and there are, I think, many fine programs attempting to do these kinds of things.

Conceptually sound programs that address risk factors, Dr. Danish's programs addressing skill deficiencies, skills for life, these kinds of programs make a great deal of sense and there is also some promising research for that.

However, I think there are two major types of factors that undermine these efforts. One is the type of factor that exacerbates risk factors rather than positively or constructively modifying it.

I believe that is our war on drugs, the zealotry, the insanity of the war on drugs, which is actually not a war on drugs but a war on American citizens.

Dr. Johnston a few minutes ago made a comment that I think was extremely significant. Dr. Johnston, who is generally recognized as probably the number one expert in this country on patterns of drug use, pointed out that the illegal status of drugs is not a deterrent to the use of drugs or availability; that three-quarters of those surveyed have tried an illegal drug.

In preventing children from using drugs through supply reduction strategies, we actually exacerbate risk factors for reasons that I have talked about. In a sense, paradoxically, what we do is we inadvertently subsidize the profits that are actually tax-free to the dealers.

We are giving people lots of incentive to make lots and lots of money and since they are working outside of normal channels, violence motivated by profit is an inevitable result. This leads to the recruitment of youth, the exploitation of youth into anti-social activities which moves them away from the more immediate positive benefits—moves them away from the benefits that the educational system can provide.

Family cohesion is obliterated when we imprison people for drug offenses and in my statement I make the point that this disproportionately affects minorities.

Civil forfeiture laws involve seizing of family possessions and that, of course, contributes to destroying families.

The other factor I want to address is health-related factors, our commitment to health. The message that the use of illegal, illicit drugs is wrong and harmful is ostensibly based on health concerns, but we send a message to our youth in many ways as a society when we show that our commitment to positive life-enhancing behaviors, our commitment to health concerns, is less than it should be.

For example, perceptive students, as I conclude, question moralism about the harmfulness of drugs when schools allow teachers to smoke in faculty lounges; when tobacco farming—tobacco being the number one drug killer, the one that kills more people than all other drugs combined—is subsidized by the government; when

health classes are treated as a minor subject taken in few of the K through 12 grades and taught by unqualified teachers.

Schools must not be hypocritical. Other speakers today have talked about the need for programs to address a whole variety of problem behaviors that are interrelated. Messages about health and safety threats from drugs are empty when only token instruction is provided concerning the risks of sexual practices, poor diets, and sedentary lifestyles.

We send a message that we don't really care about safety by ignoring the scandalously hazardous design of most of our school and community playgrounds. Scandalous, with surfaces that do not cushion falls, with substandard materials, with things protruding.

It is interestingly ironic that an actually conceptually sound way of promoting community development is to engage communities in safe playground development projects which involve the participation of schools, parents, children, communities and bring people together. And if they don't deter drug use, what they do wind up doing is giving you a nice place for the community to congregate for schools to have for children to grow and learn.

The Drug Free Schools and Communities Act should encourage drug education initiatives that are promoted, that are integrated into comprehensive school health programs. They should have that opportunity. This is what is being done in the Centers for Disease Control Division of Adolescent and School Health, especially under the leadership of Dr. Lloyd Kolbe, who has been a tremendous advocate for this.

School curricula and services, not just curricula, must demonstrate integrity in promoting values of safe, healthy environments and lifestyles.

The Drug Free Schools Act can be beneficial as a component of national public health policy reform. It should not be a component of a propaganda campaign to continue support for zero tolerance drug supply, drug supply reduction policies that have clearly failed. Drugs are available. There is no problem with that.

Drug policy needs to be based on rationality and perspective, not moralistic zealotry and hysteria based on fear of what is unfamiliar to us. Playgrounds present hazards, too. They are familiar. Drugs are more exotic. That increases our outrage. Rationality and perspective is the key.

Thank you.

[The prepared statement of William London follows:]

STATEMENT OF WILLIAM LONDON, ASSISTANT PROFESSOR OF HEALTH EDUCATION, KENT STATE UNIVERSITY

Introduction

I am grateful for the opportunity to offer this testimony. I hope my input will be helpful to the subcommittee in its efforts to address the needs of the American people.

For more than a decade, I have focused my efforts on drug abuse prevention, intervention and related issues. From 1980 to 1982, I directed a telephone crisis hotline agency in Genesee County [New York] for callers with emotional, family, and drug-related crises. From 1982 to 1984, I taught a course on "Alcohol and Behavior" at SUNY at Buffalo. Since 1985, I have been a drug education specialist on the faculty at Kent State University.

At various times since 1987, I have provided service to the Northeast Regional Training Center for Drug-Free Schools and Communities as an advisory board member, trainer, and consultant.

Counselor Training and School Personnel Training

In 1981 and again in 1992, Kent State University received a one-year Drug-Free Schools and Communities [DFSC] Counselor Training Grant [sec. 5129]. As Project Director, I've been responsible for the provision of over 90 hours of training to over 50 school counselors, school psychologists, and school nurses from six counties in northeast Ohio. Beyond the initial action plans developed by our trainees for their schools, it is difficult to project the potential *enduring* benefits of the projects. However, because the projects have brought personnel from different districts and counties together, they have resulted in the formation of a network of northeast Ohio personnel who share the same training experience. Thus, we have built a solid foundation for future initiatives to involve additional school and community personnel in comprehensive prevention.

A major limitation of sec. 5129 is that it restricts trainee eligibility to only school counselors, school psychologists, school nurses, and school social workers. Excluded [as proposed Department of Education regulations make clear] are those school and district prevention/intervention coordinators who don't have credentials in any of these four eligible professions. For university-based projects, such coordinators are usually the most logical contact persons in the school districts. On several occasions, I have had to explain to coordinators that they are ineligible for the training because of Federal requirements. Excluding these coordinators is counterproductive public relations that can only undermine the efforts of counselors in applying their training to enhance programming in their schools.

Another limitation of sec. 5129 is that school administrators are ineligible for the training. Lack of support from administrators is a common obstacle in implementing new programs. Administrator participation in training is likely to enhance program implementation in many districts.

School administrators are eligible for training under the School Personnel Training Program [sec. 5128]. Also eligible are school counselors, nurses, psychologists, social workers, prevention coordinators, and anyone else who works in schools. Federal publications emphasize comprehensive programming that involves *all* school employees [as well as parents and other community representatives]. Because of its inconclusiveness, the School Personnel Training Grants Program is far more likely to enhance truly comprehensive programming than the Counselor Training Program. Given this, I am not the first to ask why there is a separate funding program just for Counselor Training when counselors are also eligible for training as part of a team under School Personnel Training grants.

The Importance of Addressing Risk Factors

Since 1989, I have reviewed approximately 60 DFSC School Personnel Training and Federal Activities [sec. 5132] grant applications for Department of Education. Several conceptually sound applications I reviewed were funded. Indeed, the DFSC Act does much to encourage conceptually sound projects.

Conceptually sound projects address what the research literature indicates are important risk factors for drug abuse. Federal publications indicate the following are important modifiable risk factors for drug abuse: [1] economic deprivation; [2] low neighborhood attachment and community disorganization; [3] family/community norms favorable to drug abuse and poor/inconsistent family management practices; [4] availability of drugs; and [5] low commitment to education/school and learning difficulties. [These are also risk factors for school dropout, adolescent pregnancy, adolescent suicide, and violent crime.]

[1] Economic Deprivation

Of these risk factors, economic deprivation is probably the one least likely to be addressed by projects funded by the DFSC Act. Indeed, the funding of the DFSC programs and other anti-drug Federal initiatives [most notably supply reduction] may exact economic deprivation costs by inflating Americans' tax burden and/or the Federal deficit. However, these costs must be weighed against the benefits derived from how programs address the other risk factors. This is a difficult cost-benefit analysis problem, but it is a fundamental consideration that must be acknowledged.

It also must be noted that far less has been spent through the DFSC Act than through Federal supply reduction strategies.

[2] Low Neighborhood Attachment and Community Disorganization

Communities abandoned by the most competent people, that have transient people living in housing projects with little commitment to community, that are most devastated by the violence of the illegal drug trade, and that provide few constructive opportunities for the pursuit of happiness place their youth at high risk for drug abuse and other problem behaviors.

Community-based prevention initiatives that LEAs and SEAs can encourage to address these sources of community disorganization include: [1] culturally relevant "rites of passage" programs; [2] community-based youth development groups; [3] programs that orient community members to available services; [4] safe haven development for youth including safe playground development; and [5] opportunities for youth to serve their communities.

[3] Family/Community Norms Favorable to Drug Abuse and Poor/Inconsistent Family Management Practices2

Family-related risk factors that need to be addressed by prevention programs include: [1] negative communication; [2] lack of sustaining rituals; [3] lack of cohesion; and [4] poor supervision and discipline practices. DFSC programs address these factors through parent training programs, family therapy referrals, and promoting family involvement in schools/communities.

[4] Availabily of Drugs

Schools can address the problem of drug availability through appropriate development of appropriate, clear, and consistent school policies. Schools also can prepare students with social skills to resist peers and others who might offer them drugs.

[5] Low Commitment to Education/School and Learning Difficulties

Youth are at elevated risk for drug abuse when they: [1] don't see the role of student as viable; [2] experience academic failure, especially in the late elementary grades; [3] don't value responsibility; and [4] when they have poor peer relations. DFSC address risk factors such as these by promoting programs for: [1] cooperative learning to keep students involved, invested in learning, and committed to each other; [2] peer development programs; [3] altering false perceptions of normative behavior regarding use and promoting desirable group interaction; and [4] presenting children with positive role models.

Factors That Undermine Risk Factor-Based Prevention

The aforementioned types of DFSC programs are conceptually sound and present few risks to individuals and communities. However, they cannot work optimally if other forces exacerbate rather than constructively modify risk factors.

There is growing recognition that many "supply reduction" elements of the "War on Drugs" paradoxically serve to undermine the benefits of the best family, school, and community enhancement programs funded by the Drug-Free Schools and Communities Act. Just as there are casualties of the abuse of drugs, there are also whole families, schools, and communities that are casualties of the "War on Drugs."

The "War on Drugs" has not been a war on inanimate objects as the rhetoric would indicate, but a war against American citizens. I request that the Subcommittee on Select Education *and Civil Rights* consider that the casualties of the "War on Drugs" have been disproportionately racial minorities and their communities. According to the National Center on Institutions and Alternatives, nationally, one out of every four African-American males ages 18–30 [many who are fathers] are under some phase of criminal justice supervision, many for drug violations. The U.S. Sentencing Commission found that mandatory minimum sentences have led to inequitably longer sentences for blacks and Hispanics than white defendants. Instead of promoting family values, imprisoning Americans breaks up families and in turn communities. Moreover, imprisoning drug users does far more to promote criminal identities than it does to protect people from the harmful effects of drug-taking.

Government supply reduction and enforcement strategies inadvertently subsidize [in amounts far greater than is spent on the DFSC Act] the illegal drug trade. The enormous tax-free profits of the illegal drug trade decimate communities by fueling sociopathically reckless gang violence, violence as a cultural norm that often extends into schools, police corruption, and exploitation of children as drug runners. The socializing influences promoted in schools by DFSC programs compete against the attraction to youth of profits from drug dealing opportunities and validation by gangs. Drugs do not fuel any of these problems; the economics of the black market

does. [Banning tobacco would be an effective strategy to produce the emergence of child tobacco runners.]

Through the destructive effects of seizing family possessions and sources of income, civil forfeiture laws undermine DFSC Act efforts to promote family cohesion.

Despite the huge sums of money directed at supply reduction, illegal drugs are widely available and affordable. Interdiction of marijuana has been a boon to domestic marijuana production. The price of street cocaine declined during the 1980s reflecting abundant availability. When enforcement has been effective in short-term curtailment of heroin availability, alternative drugs more toxic than heroin, like fetanyl, have become more available.

It is far more important and feasible to reduce drug availability in schools than in whole communities. School drug-free policy development needs to be promoted to address this priority. It is often argued that drug law enforcement is needed in conjunction with school policies to keep school drug-free. Given the miserable consequences of efforts to keep drugs out of communities, is the DFSC Act's implicit zero-tolerance-based endorsement of vigorous law enforcement really conducive to promoting drug-free schools?

Getting Serious About Health and Safety Threats

Sec. 5102 indicates that the Title V—Drug Education is based appropriately on a recognition of health considerations regarding drug use. But, is the sec. 5125 requirement that educational materials "clearly and consistently teach that illicit drug use is wrong and harmful" really about health? Promoting this platitude garners much popular support for the drug war, but fails to place health issues in perspective. Since overcrowding prisons with drug offenders has escalated a new epidemic of deadly, drug-resistant tuberculosis, would it really be any less appropriate for educational materials to insist that "imprisoning persons for possessing drugs is wrong and harmful"?

Last year, the deaths of more than 400,000 Americans were attributable to tobacco and the deaths of more than 100,000 Americans were attributable to alcohol. However, it is unlikely that more than 1,000 annual deaths can be attributed to illicit drug toxicity. [Many deaths attributed to illicit drugs may be due to contaminants inherent in unregulated products.] Compare 1,000 to the number of drug-trade homicides and compare it to the number of AIDS deaths due to HIV transmitted when as IV users share blood-contaminated syringes [and then infect nonusers via sexual contact]. Then realize that educational materials can't say: "Opposing needle exchange programs is **wrong and harmful**"?

Perceptive students question moralism about the harmfulness of drugs when schools allow teachers to smoke in faculty lounges; tobacco farming is subsidized by the government; and Health classes are treated by schools as "minor" subjects taken in few of the K-12 grades and taught by unqualified teachers [this is the rule, not the exception]. Schools must not be hypocritical. Messages about health and safety threats from drugs are empty when only token instruction is provided concerning the risks of sexual practices, poor diets, and sedentary lifestyles. We send a message that we don't really care about safety by ignoring the scandalously hazardous design of most of our school and community playgrounds. [We also miss exciting opportunities to address risk factors such as low neighborhood through school/community participation in safe playground development projects.]

The DFSC Act should encourage drug education initiatives that are integrated into comprehensive school health programs [as promoted by the CDC Division of Adolescent and School Health]. School curricula and services must demonstrate integrity in promoting values of safe, healthy environments and lifestyles. The DFSC Act can be beneficial as a component of national public health policy reform. It should not be a component of a propaganda campaign to continue support for zero-tolerance drug supply reduction policies that have failed. Drug policy needs to be guided by rationality and perspective, not hysteria and zealotry.

Chairman OWENS. Thank you. I will ask the committee clerk to time the questions, too. I will take only 5 minutes.

Ms. Chelimsky, you have heard Dr. Danish and Mr. Wood. Mr. Wood thinks that there are a lot of good programs available, a lot of good data, a lot of good evidence of good programs available. Dr.

Danish had a specific example of a specific program that seems like a top-notch program.

What methods did GAO use in selecting the areas that they studied?

Ms. CHELIMSKY. Let me just make one point about evaluation. One of the things that we find, not just now in these programs, but in the social programs of the 1960s, is that there are many good ideas. There are many things that seem as if they ought to work. They are based on theory; they are based on a lot of things. When you do the evaluation, you find that it may work, as someone here said, in one place and not in another or, on the average, it fails for some reason. Sometimes we can't even find out why.

Now, all of the three things that we looked at were large programs. We looked at the Drug Free Schools; we looked at the exemplary recognition programs; and we looked at a number of community-based programs.

I would like to make the point that regarding the community comprehensive programs that we looked at, we could not find data to show their effectiveness. We were very impressed with them. They seemed to be very reasonable and people were extremely enthusiastic about them. There were all kinds of good things about them, but there were no data on their outcomes.

Chairman OWENS. Would you care to comment on that, Dr. Danish?

Mr. DANISH. Well, I think part of the problem is that it depends on what outcome we are talking about. It is very hard to change 10 or 12 years of life in 10 weeks and I think that is one of the things that we found.

Chairman OWENS. Why did you choose 10 weeks?

Mr. DANISH. Well, because if we wanted to do as much as we want, the schools would have to change their whole curriculum. The schools are being inundated with other kinds of programs and I don't think we're going to be the only program that a school is going to choose.

So, if we want to make an impact at the school, we have to be able to fit into their environment, rather than what we think would be the best thing to do.

Now, as a result of funding that we are getting from the Drug Free schools right now, we are working on a 3-year curriculum that will be a about 10 weeks a year for 3 years which I think will make a big difference.

One of the things that we did find in our research was that students who were exposed to the program, compared to students who were not exposed to the program, were less approving of drug use by friends, had more positive expectations about their future, felt less distress in their lives, and had higher self-esteem.

Now, does that mean they are not using drugs? No, it does not mean they are not using drugs.

Chairman OWENS. You did some interviews?

Mr. DANISH. We did some.

Chairman OWENS. In the course since 1987 you have served 5,000 students?

Mr. DANISH. Yes, we've done surveys.

Chairman OWENS. You interviewed some of that 5,000, then you interviewed some that were not in the program?

Mr. DANISH. That's right. We've done surveys and interviews of people who have been in the program and those not in the program.

Chairman OWENS. Well, we know everything that comes out of Richmond, Virginia, is top quality. Just let me ask you one more quantity question.

How many students are there in the Richmond public schools? What percentage are you serving?

Mr. DANISH. We're serving about half of the middle school students. That is, over the course of the 6 years we have served about half of the middle school students.

Chairman OWENS. Did you want to comment?

Ms. CHELIMSKY. Yes. Could I? There are just two points I wanted to make. One is that those sound like a really good beginning for outcome data. They don't have to be perfect, as I said earlier.

But it does seem to me that in these programs we might want to look at something like a reduction in frequency of use, a reduction in the amount of use, a change in the drug of choice, a reduction in other high-risk behaviors. You might want to measure those things in particular.

I am delighted to hear of the other ones though. I think that's a good list but I would want to know whether, in fact, there is a change in drug use. I really want to know that and I think a lot of other people do, too.

Chairman OWENS. Dr. Johnson, do you want to comment on this?

Mr. JOHNSTON. May I? I think that I agree completely with that. Ultimately, our goal is to reduce drug use and it is important that we move those intervening variables that we are trying to move like optimism about the future, but the final test is going to be do we reduce drug use.

I want to make a point about the way we think of these programs. These programs which happen to go over a 10-week period are like many that have been developed, and some of which have been demonstrated to work in the sense that they do reduce drug use in the intended population at least for some period of time.

But one of the observations of the National Commission on Drug Free Schools was that we really need a program which is impacting and influencing youngsters throughout their period of development; that is, from kindergarten through grade 12 and beyond to the extent we can get them at the universities and colleges.

And in order to do that I think we need to be thinking of weaving a larger fabric in which programs like this make up some of the components, but we have to be thinking about putting together something that works.

Of course, what you are going to do with a child in kindergarten or grade one, two, or three is very different than what you are going to do with the youngsters in seventh grade and where the gateway drugs are starting to become popular in the peer group. I think that requires not only evaluation, but also a kind of systematic programmatic development that takes time, takes a lot of expertise, and takes a kind of trial and error mentality where you allow some of the components to fail.

Whenever we develop social programs, more often than not they fail because we aren't so smart that we can anticipate all the things that happen in human nature in advance. So, one has to think about a program that moves the components, evaluates them, sees if they build on each other, and in the end, you give it an inoculation over and over again in the life cycle and you get a systematic and large effect which lasts.

If we only think in terms of what is in the literature now and with some sort of time interventions, we may get temporary effects; but, to get those effects to last is a different story.

Chairman OWENS. In order to get lasting effects, do you have to go beyond the micro approach, the one-on-one that these programs would be fostering and go to another factor? You discussed in your presentation that you said the problem has fallen off the screen and there is less zealotry.

Do we need to pump up some more zealotry? Would a good use of funds be to make sure we maintain some kind of media presence on this issue throughout the life of these young people? In addition to whatever we are doing in the one-on-one intimate micro approach, should the media, which plays such a great role in our lives, also be communicating some kind of message?

Is that useful or should we just let it stay off the screen and limit the zealotry?

Mr. JOHNSTON. Well, I think we can limit the zealotry because the zealotry always has the danger of losing the audience. The audience in this case is American young people. We had a period of zealotry in the early 1970s.

Chairman OWENS. That is how we got the bill authorized in the first place.

Mr. JOHNSTON. And the Federal Government had an advertising campaign that went well beyond the facts and was sort of a propaganda campaign. I think it simply lost the ear of a whole generation who said, "We're not listening to the system anymore. We don't believe this."

Chairman OWENS. But you said the drug use has gone down.

Mr. JOHNSTON. Right. I think the Federal Government did the right thing in that case, stopped the program, and just was quiet for a while.

More recently we have the private sector effort, which I think is quite effective and good. However, they depend on the favor of the media to place their ads, whether it's television or print or radio, and that is sliding.

I think one of the problems is there has to be a continuing national leadership on this. People in positions of influence have to speak out.

As it happened, in this past presidential campaign, drug abuse was not an issue. If you think back to some of your earlier campaigns, sometimes it was a real hot issue and the subject got a lot of attention, maybe not for the right reasons in some cases, but at least it got a lot of attention, and that attention mattered. Young people heard it.

They heard that the major segments of society disapproved of drug use. That, I think, is part of what we need to continue to state: that the norm in society is that you don't use drugs. I think

we need to make our messages more integrated, especially with tobacco and alcohol, because I think there is a kind of mixed message that we constantly give youngsters.

I think that what happens is when these issues are in the press, youngsters are more aware of the dangers as well as the social disapproval of drugs. It comes from a lot of sources: it comes from what the media pays attention to, it comes from what the politicians and political leaders pay attention to, it comes from what educators pay attention to.

It is a mix of things. I think one of the reasons the community-based efforts are so important is because that is a group of people and leaders in each community who get together and say we consider this a problem and we want to do something here that helps us solve this problem.

And to the extent you can get youngsters involved, not as the objects of influence, but as part of the solution, I think they are effective.

Chairman OWENS. My time is up but I will come back in the second round of questions. Mr. Ballenger.

Mr. BALLENGER. Thank you, Mr. Chairman. Dr. Danish, your program sounds fascinating to me because it is such a positive approach to a problem that we tried to be so negative about in Washington and I might send a copy of your statement to some of my teachers back home, I mean some of the school systems back home.

Dr. Stephens, I was just curious if the violence of which you speak is more urban-oriented or rural, I was just curious.

Is it nationwide or is it area-oriented or how do your statistics come out?

Mr. STEPHENS. It cuts across all groups around the country. It is interesting. Just this last month there was a major survey that was conducted among educators around the country. They were asked, "Is crime increasing nationally?" And 98 percent said yes.

"Is it increasing in the district next door to you?" Sixty-three percent said yes. "Is it increasing in your district?" The numbers went down to 39 percent.

So you can see there is a progressive denial very often but it does cut right across all geographic boundaries, also in terms of urban, rural and suburban.

And we are finding that many of the suburban and rural schools are experiencing increasing problems now because as a condition of court orders and other reasons, many of the youngsters who have had problems in some of the inner cities are now—families are going to other places. Many of these youngsters are being sent to different locations as well, but I don't want to say that it is an inner city problem because these are issues that are affecting virtually every fragment of society; so, it is cutting across urban, rural and suburban.

Mr. BALLENGER. Dr. London, your statement—first of all, you have got to realize I come from North Carolina, which might give me a slight bias, but your statement about tobacco and then working its way down to other drugs, and it appeared—I don't know. You probably don't believe this but it appeared that you felt it much more important to stop smoking than to stop the drug problem and I think your statistics may go along that figure.

But do you want to legalize them all or illegalize them all or what was the basic approach? I mean are you for drug legalization?

Mr. LONDON. I am fascinated that I would get such an opportunity in front of a Congressional subcommittee.

Mr. BALLENGER. And, of course, I only have 5 minutes.

Mr. LONDON. I would never have thought that a member of a Congressional subcommittee would have cared what I think about that. Right now it just so happens that the Department of Education places priority on projects that address tobacco and alcohol. These are the drugs that are referred to as the gateway drugs.

It just so happens that people who tend to use other drugs tend to use tobacco and alcohol first, so from that rationale people think they get the most bang for their buck to discourage tobacco and alcohol use.

From an epidemiological perspective, I think calling them gateway drugs tends to place greater significance in terms of the public health problem way out there in terms of cocaine than with the public health problem that is more generally recognized by public health organizations, like the American Public Health Association, like tobacco and alcohol.

I believe that if you want to use supply reduction strategies on tobacco and alcohol like we have for other drugs, what you would wind up with is not only a tobacco abuse problem and an alcohol abuse problem compounded, but a tobacco-related violence problem and an alcohol-related violence problem on top of that. I think history has taught us that.

You can discourage some drug use but it doesn't really help to discourage people from using drugs if in the process of the illegal drug trade somebody blows away somebody who is not the least bit interested, who just happens to be in the wrong place at the wrong time.

I mean communities are not safe for the people who are not interested in drugs and young children do get hit in the way of drive-by shooting fire.

Mr. BALLENGER. I understand what you are saying, but I asked a question.

Mr. LONDON. What's that?

Mr. BALLENGER. I asked you a question that has an answer to it without a sermon.

Mr. LONDON. Am I for what? You asked me several things.

Mr. BALLENGER. Yes, I did. But, I just asked about it and it sounded like you believed in legalization of drugs.

Mr. LONDON. Yeah. You know, saturated fat in our diet is also an extreme serious health threat. It is a major contributor to heart disease because it raises cholesterol levels.

If we want to send a serious health message about it, we discourage people from using it, but I don't think we tell people. What we do is set policies like let's ban cheese that isn't the nonfat variety in order to protect their health.

So, similarly, I think we do not serve to protect people's health by banning drugs. We have a good record of showing that people use them anyway. They are as available as can be. Cut down on—an interdiction of marijuana cuts down on marijuana coming into this country. Well, that was a good boon to the domestic marijuana

crop industry. Cocaine. Well, cocaine prices went down in the 1980s, which is remarkable for something in the black market. The only way that can happen is if the supply is high.

You're concerned about people's health? What happens when we imprison people? When we imprison people right now we put them together with lots of other people. We now have a tuberculosis epidemic, a drug-resistant tuberculosis epidemic that is fueled by the enormous prison population.

We have drug problems. We have drug toxicity problems. Drugs like heroin have certain toxicity, not real high, in my view; nothing compared to the major kinds of adverse effects of heroin. It will constipate you, it will cause some sexual dysfunction, and it may make you nauseous.

That doesn't compare to the fact that people have been denied access to needles. Now, heroin is——

Mr. BALLENGER. Excuse me just a minute. Really, I only have 5 minutes and I don't want you to—your answer, I think, is yes. I think the answer is yes is what you were saying, but one thing I would like to say is I have always thought, and I come here from North Carolina where tobacco is grown and one of the things we did as kids was if you told us we couldn't do it and we were junior high school age, we did it.

Now, it's against the law supposedly to smoke cigarettes, I know, by age, as it is for alcohol. Now, I always thought, you know, if the schools really tried and made it hard as the dickens to smoke cigarettes in high school, then the kids would be spending all their time trying to sneak off and smoke rather than go out and get drunk or take drugs or do other things.

And I never could persuade anybody that it was even worth the effort, but it appeared to me that since kids react negatively to everything they are told not to do that if you could crusade against cigarettes at that level and just say it's against the law, you can't smoke until you're eighteen or if you're old enough to die in battle you can kill yourself by smoking, but you can't do it before that.

It makes good sense to me and I wish somebody had thought of that and been willing to push it but, being from North Carolina, I can't do that. Thank you, Mr. Chairman.

Chairman OWENS. We are pleased to welcome the quality Congressman from Richmond as our next questioner, Mr. Robert Scott.

Mr. SCOTT. Mr. Chairman, I couldn't tell whether the gentleman from North Carolina was saying that we would do better by legalizing drugs or not.

Mr. BALLENGER. I've come to the same conclusion you did, Mr. Scott, I am opposed to legalizing drugs.

Mr. SCOTT. I would like to go on record as saying I am not for legalization of drugs, in case the issue ever comes up.

Mr. LONDON. It will.

Mr. SCOTT. I would want to point out that the question within the realm of reasonable politics, is not one of legalization or not legalization because there is just no realistic possibility that drugs are going to be legalized and, in fact, when you start discussing the idea of legalization you get off into a tangent that is just ridiculous.

The question we face is what do we do with the money we spend for drug prevention, whether we spend all our money on incarceration of more people; interdiction; chasing down people standing on the street corner, scooping them up and putting them in jail wondering if that will do some good because somebody is going to be at the street corner the next afternoon or maybe later that afternoon.

And the question is if you have got another $100 million, do you put it in the criminal justice or do you put it into prevention?

I think somebody said that when the zealots go crazy you lose your audience. Unfortunately, I disagree with that. I think when the zealots go crazy you get an audience. The only problem is they take the audience in the wrong direction.

We have, as I think we talked about in the evaluation, the specifics of reduction of drug use as a short-term goal. I tend to agree with my colleague from Virginia that sometimes if you measure the tools you have to deal with, not only for drug use but also teen pregnancy, dropping out of school, and everything else, you have a more accurate prediction because the correlations here and the cause sometimes don't go hand in hand.

Those who look at the teen pregnancy prevention issue know that teen pregnancy is usually followed by dropping out of school. A closer look at the numbers may suggest that those who are about to drop out of school are those that are getting pregnant.

So sometimes if you look at how we can deal with the root causes of all of the bad outcomes, we can do better. That is why I think it is interesting that Dr. Danish pointed out that the lack of optimism about the future has a major correlation with drug use.

I guess my question would be how we can use that statistic to help guide our focus on where we ought to be going with our fight against drugs and, incidentally, in everything else that happens to young people.

Mr. DANISH. Well, I do think schools by themselves are not going to be able to provide a future, or an orientation for the future, for many of the youngsters in these schools because they see their parents and they see the people around them as having no more opportunities than they do.

So as we go into some of the housing communities where we have worked, the only image that they have or that is positive to them are people on the corner selling and people they see on television. Neither of those images are very good and those kinds of future orientations, that kind of perspective about the future, isn't very helpful.

Even trying to tell them or show them good role models of people who have succeeded like businessmen or women, Congresspersons or whatever, really is hard for them because they don't see themselves attaining that goal. They don't see themselves going to college, they don't see themselves having a good job because they don't see people that they know as having a good job or going to college.

And so I think that we need a different kind of approach and collaborative relationship with the private sector to try to provide more opportunities for these children.

When we have had mentoring programs, we've sent children to work; for example, we had 20 of our students who were leaders. Our high school students worked for IBM for a summer. They learned something about IBM and they had a chance to work at IBM for 5 or 6 hours a week for about 7 or 8 weeks. It was a tremendous experience. I think the shadowing, the mentoring programs, are going to be critical for helping children to see that they have a future.

Mr. SCOTT. Well, just following up on that point, one of the programs that I think may come under this subcommittee is Upward Bound, which has the same kind of—that model has young people in a program where counselors are college students, generally, and it helps bridge that gap between where a young person is in high school and a lawyer.

If youngsters can see—they may not be able to make that complete jump—people in college and in law school and in interacting with them, feel that they are as good as the college students are, they are soon going to take the next step. It makes it easier for them to develop that kind of optimism which I think would help on a long-term basis.

Mr. DANISH. I think one of the most interesting findings of the research we have done is that our high school students, our student leaders, probably benefit as much or more than the students they teach because they learn a sense of how to teach and develop a sense of pride in themselves which I don't think a lot of high school students have.

In some ways it would be nice if we could find more high school students who could learn how to teach this program and find some people somewhere who would listen to them. I think the high school students would benefit tremendously. This might serve as a very good prevention program.

Mr. SCOTT. In terms of that optimism, I assume you also feel that guaranteed college scholarships which would guarantee someone's access to a college education would also be extremely helpful in drug use reduction.

Mr. DANISH. I do. And I also think that programs like City Year, a program in the Boston area for people between high school and college who are working for a year, might also provide that. I think I would support, from what I read, some of the proposals by the President. You know, mandatory service, I think, would also help them tremendously.

Mr. DANISH. Anyone else want to comment? If not, thank you, Mr. Chairman.

Chairman OWENS. I want to thank all the panelists. I had a few questions but they have been covered by the other members.

Just one last comment. I guess you were here and heard the Deputy Secretary say that we have spent $2.5 billion on this program from the time of its inception to now and we are not happy with the effort. We excuse the fact that we can't really measure results, but we are not impressed by the effort. We can't see the kinds of imaginative, creative efforts going on out there that we would like to see.

Mr. Wood, you might want to comment. You represent the managers at the State and local level. You said there are good efforts

out there, so we may be lacking information and would be happy to work with you to get more information about what is going on.

Mr. WOOD. Well, we have made an attempt to provide you with some additional information. I think it is important to note I am not in conflict with those around the table in any way.

I think we can look at the quality of some of the efforts that are taking place and criticize them, but we have to keep in mind that this drug problem is something that has been festering for quite a number of years, more than 2½ or the years that this legislation has been in place.

One thing that I have recognized, especially as I began to work in the rural portions of my State, is that when I run into a small town mayor, he will deny the fact that they had a problem and would oftentimes say, "Well, if there is a problem, maybe it's over there in the low income area."

I have seen this nationally, but eventually everyone realizes that the problem is quite universal. What we can see as major progress today is the fact that people are beginning to recognize this and are beginning to come together and recognize that there is a problem.

What we are going to see in the future is an improvement in the quality of the evaluation because now people understand that there is such a thing as evaluation.

People are beginning to understand that there is a need to at least understand that if we are going to come up with some kind of intervention, it would be useful for it to be based in research and if it has been proven to work, then maybe we should do it.

The way we go about packaging it may be different, but it is important to understand that someone has already proven that this works, so let's try it.

There is also the important increasing understanding that if we intend to do something, we need to be able to measure what it is we try to do. These are some of the issues I tried to point out in my paper.

The general public has begun to understand that there are some very specific things that need to be done in order to be effective in this war against drugs. There is a greater coming together between elements of the community, not just the schools, not just the community members, but the police and so forth, all working together to address the problem collectively rather than individually.

I think we are evolving in our intelligence and our sophistication in trying to deal with the issues.

Chairman OWENS. Thank you. I would like to note that the Drug Free Schools and Community Act is an example of a minimum amount of micromanagement by the Federal Government. A great deal of latitude was given to the States and localities in determing how these programs would be mounted.

At one extreme is New York City where there is no denial of the problem; we recognize the problem and it is very pervasive in terms of spilling over to violence and a number of other things.

In a conversation with the president of the New York City School Board, I asked about programs and how they were operating. I was told that the money had been divided up among the 32 community school districts. There are almost a million students in

the New York City system with 32 different districts, plus a central district that runs the high schools.

They divided the money up among the districts and each one was supposed to come up with a program. When I questioned him about guidelines, evaluations, and so forth the president of the school board stated: "You know, we've had a series of budget cuts, Major, and with all those budget cuts we knew that those schools districts would have to find a way to make do and make up for some of the losses that they have."

So they're putting people who had to be laid off from one program because of a budget cut into drug free school programs, and if they have to buy some equipment, it's being purchased through the drug-free schools program.

Various things are happening and they realize that they are happening, but they don't want to tamper with them because the money is going to make up for the budget cuts in the regular budget. The gist of the comments that I got from the person who heads the Board of Education is that they have turned their heads and let that happen.

That is an example of the extreme you get if you don't have tighter guidelines. We don't want to cut off creativity, and we don't want inflexibility, but I certainly think that we are going to have to use this as a lesson on how a program which is too free, with too many options can be dissipated.

Mr. STEPHENS. Mr. Owens, I would like to respond to the comment you just made, if I may.

Chairman OWENS. Yes.

Mr. STEPHENS. I think in terms of the direction for the investment of moneys or resources that are going to be there, the extent to which we can focus on the prevention model, as opposed to a punitive model, will make a great difference in terms of giving an example in New York City dealing with the weapons issue.

And, granted you have got to take some strategies like this, but one of the high schools, Thomas Jefferson, has 40 officers that come up each morning to metal scan the 1,800 students and it takes 2½ hours for those kids to go through the line. When there are only 6 hours in the educational day, you have to ask what we are providing for the kids.

One of the interesting byproducts of that situation was seeing the almost Hawthorne effect of how the kids were looking forward to having someone who was there to invest some time with them on an individual basis.

We have often thought what if we had those 40 individuals focusing on some prevention side at the earliest levels because the programs that are working are the ones that begin at the earliest possible ages. Maybe within the scope of this Act, as we look at safe and drug-free schools, the committee may want to give some specific guidance in terms of what the expectations are so that metal detectors would not become the highest priority when what is needed is individual, one-on-one mentoring or other supportive types of activities.

Chairman OWENS. A very good example. I would like to conclude on that. I agree with you 100 percent. If you have additional com-

ments you would like to make, please submit them to us in writing within the next 10 days.

Thank you very much. The hearing is now adjourned.

[Whereupon, at 12:35 p.m., the subcommittee was adjourned, subject to the call of the Chair.]

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